



LONDON BOROUGH OF REDBRIDGE

annual report

of the Medical Officer of Health

**and Principal School Medical Officer
for the Year 1972**

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for
1972

F. W. MURPHY
M.B., Ch.B., M.F.C.M., D.P.H., D.T.M. & H.

London Borough of Redbridge,
Health Department,
17-23 Clements Road,
Ilford, Essex IG1 1BL

TABLE OF CONTENTS

	Page No.
HEALTH COMMITTEE	1
STAFF	2 – 3
PREFACE	5 – 7
VITAL STATISTICS AND SOCIAL CONDITIONS	9
EPIDEMIOLOGY	11 – 27
GENERAL SERVICES	29 – 32
NATIONAL HEALTH SERVICE ACT	33 – 53
HEALTH EDUCATION	55 – 57
EDUCATION ACT, 1944	59 – 94
PSYCHIATRIC ADVISORY SERVICE	95
ENVIRONMENTAL HEALTH	97 – 136
INDEX	137 – 140



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PREFACE

TELEPHONE:
01-478-3020

Health Department,
17/23 Clements Road,
Ilford, Essex.

November, 1973.

Mr. Mayor, Ladies and Gentleman,

This is the last report of the Medical Officer of Health as an officer of the Council, as the title and post will have ceased to exist by the time the data for 1973 is available. The first Medical Officers of Health, during the last century, concentrated on sanitation and hygiene, now evolved into the wide ranging environmental health services which are now again receiving considerable public attention. In the first half of the present century, the Medical Officers of Health developed midwifery, home nursing, health visits, clinics and school health work; the modern versions of these services are to transfer into the reorganised National Health Service. By the 1930s, most Medical Officers of Health were running hospitals, but, twenty-five years ago, these were handed over to central government control. More recently, the mental health services and social services were developed within local authority health and welfare departments, and these have recently merged into the new Departments of Social Services.

Now the Medical Officer of Health himself is to be moved out of local government into the new National Health Service which will bring hospital, family doctor and community health care into one organisation.

The progress and evolution of the past hundred years was possible because the Medical Officer of Health was able to interest local people in local needs – and spend local money. This quality of local involvement in health services must not be lost during the changes about to come. The new “community physicians” and nurses will need to work very closely with the Council’s social services in the interest of the elderly, handicapped, neglected or mentally ill; with the education services in the care of children; with the environmental health officers in the control of infectious disease and health hazards of the environment; and with all the other departments which provide help in the local population. The community physician should be able to bring hospital and family doctor care into closer liaison with these local authority services, through his management role in the unified National Health Service, but he must still be able, like his predecessor the medical officer of health, to concentrate on the investigation and prevention of disease. The new Health Authority and the existing Borough Authority must be part-

ners, working and planning together, with one joint aim – the benefit of the health and welfare of the local population.

During 1972, the senior members of the department had to give considerable time and attention to planning and preparing for reorganisation. However, all services were maintained and expanded as detailed in the body of this report. The record of the year was very satisfactory; the infant mortality rate was well below the national average; the immunisation rates were the highest of any comparable area of the country; there were no significant outbreaks of preventable communicable disease. These undramatic statements mark the steady slogging work of midwives, nurses, health visitors, doctors, health inspectors, therapists and many others – too rarely recognised and rewarded by the general public or the communication media.

Major health problems still with us include the need to control the diseases of the heart and arteries; the need to improve the health of our elderly population; the need to understand and thereby overcome the mass addiction to cigarettes; and the need to improve the conditions of those needing long term care from the health services, whose interests have hitherto taken second place to the pressing needs of curative treatment. These problems demand changes of attitude or of a way of living by a lot of people before any significant changes will be seen, and progress presents more difficulties than, say, the prevention of poliomyelitis by immunisation. Teaching on health matters is of the greatest importance, but our very limited resources need to be concentrated on the growing generation, in the hope that they will not continue to make the same mistakes.

One of the major recent changes in delivery of health care to the public consists of bringing together the family doctor and the community nursing and social work team. This can be done using existing premises, but effective integration is aided considerably by the provision of health centres. The first Redbridge health centre, at Newbury Park, opened early in 1972 and experience gained there has been invaluable in planning the centres now being built at Seven Kings, Fullwell Cross and Woodford.

1972 showed a steady development of family planning preparatory to a considerable increase in resources allocated to this service in 1973.

New health schemes introduced during the year included a pilot programme for screening of all infants for the disease of cystic fibrosis, which can be crippling if diagnosed late; a follow up of children known to have had mumps which can cause hearing defects.

A report of a medical officer of health would not be complete without acknowledgment of the help and interest of local voluntary workers, who provide so much comfort and help to persons in need. Too many people think that the welfare state provides all and the day of the voluntary helper is over. This is not so. Voluntary organisations have always been able to fill in gaps in the statutory services, and provide assistance when

the public agencies cannot, and this is just as true now as it ever was. We rely on many types of assistance from small groups, providing, say, voluntary visiting to the house-bound; taking an interest in people with a particular disease; or helping at a clinic; right up to the large national organisations, like the Spastic Society or Family Planning Association. This partnership between the professional and voluntary helper must continue and develop in the new National Health Service.

It gives me pleasure to acknowledge the considerable help I and my department have received from the many officers of other departments of the Council with whom we have worked, and I extend sincere thanks to the Worshipful the Mayor, Councillor Mrs. G.M. Chamberlin, J.P., who was then Chairman of the Health Committee, and to the members of the Committee for their support, both to my illustrious predecessor, Dr. I. Gordon, and to myself during the year of 1972.

I have the honour to be,
Your obedient Servant,
F. W. MURPHY,
Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

[illegible]

The following figures as to unemployment were supplied by the Department of Employment and Productivity (Ilford area only):

	Males	Females	
	1,220	123	1972
Live Births			3,161
Live Birth rate per 1,000 population – Crude rate			13.3
Adjusted rate			13.2
Illegitimate Live Births per cent of total live births			6
Stillbirths			40
Stillbirth rate per 1,000 total live and stillbirths			12
Total Live and Stillbirths			3,201
Infant deaths (under 1 year)			50
Total Infant deaths per 1,000 total live births			16
Legitimate Infant deaths per 1,000 legitimate live births			16
Illegitimate Infant deaths per 1,000 illegitimate live births			15
Neo-natal mortality rate per 1,000 live births (first four weeks)			11
Early Neo-natal mortality rate per 1,000 total live births (under one week)			9
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)			22
Maternal deaths (including abortion)			Nil
Maternal mortality rate per 1,000 live and stillbirths			Nil
Deaths (all causes)			2,800
Death rate per 1,000 population – Crude rate			11.7
Adjusted rate			10.8
Comparability Factors – Birth rate ... .. .			.99
Death rate			.92
Total rainfall 1971			449.66mm
Greatest rainfall in any 24 hours (on 1.8.72)			
Recorded at one station			17.50mm
Average of five stations			15.86mm

EPIDEMIOLOGY

EPIDEMIOLOGY

(J.K. Anand – Deputy Medical Officer of Health)

Tuberculosis

The mass radiography unit continued its good work. In the control of tuberculosis, it has helped immensely. Examination of 10,981 persons brought to light 10 cases requiring immediate treatment.

The mass radiography unit's benefits are not confined to tuberculosis control alone. We also discover cases of lung cancer, abnormalities of the heart and the blood vessels and numerous other diseases. The statistics are given in detail below:-

	General Practitioners		General Public etc.		Total
	Male	Female	Male	Female	
Referalls X-rayed	1,480	1,297	3,144	5,060	10,981
	<u>Male</u>		<u>Female</u>		
Found to require further investigation from all sources	136		91		227
Number in which significant Tuberculosis discovered and requiring immediate treatment.	4		6		10

Amongst other abnormalities discovered were:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Primary Carcinoma of lung	14	3	17
Other Malignant Neoplasms	1	1	2
Non Malignant Tumours	—	2	2
Sarcoidosis	3	2	5
Congenital abnormalities of heart and vascular system	1	1	2
Acquired abnormalities of heart and vascular system	5	4	9
Pneumoconiosis (1 Asbestosis, 1 Siderosis)	2	—	2
Bacterial and virus infection of lung	20	12	32
Bronchiectasis	2	1	3
Pulmonary Fibrosis (not T.B. or Industrial)... ..	8	7	15
Spontaneous Pneumothorax	3	—	3
Abnormalities of diaphragm and oesophagus	2	4	6
Pleural effusion (non Tuberculous)	6	2	8
Other abnormalities	15	7	22

Diseases of the Heart and the Blood Vessels These again constituted the largest single group of the causes of death (1,305). In this regard, Redbridge is typical of the country as a whole. The blood vessels get furred up, the blood flow is reduced to a trickle, the heart and the other vital organs are starved of nutrition and oxygen, and slowly they die.

Food Poisoning 209 cases of notified and confirmed cases of food poisoning and dysentery were recorded in the borough. The public health inspectorate cannot afford to relax its vigilance of establishments serving food and drink.

Typhoid One case occurred in the borough. The particular type of the bacillus responsible in this case is uncommon in England but frequent in Eastern Europe. Our patient had eaten food in other parts of London. We were unable to discover the source of infection.

Measles It is pleasant to record that only 97 cases were notified in 1972. In 1973, there may well be many more. We shall continue to promote the jabs to the public.

Other matters of interest:

- (a) Terrapins – These cold-blooded creatures excite tender feelings in many a child, and there lurks a potential risk of food poisoning. Terrapins (sometimes) harbour the “salmonella” species of bacteria. Unfortunately, there are no statutory powers enabling us to conduct comprehensive screening, nor would it be technically or economically feasible to vet every terrapin. We discourage, therefore, unhygienic habits in handling terrapins. Terrapin tanks in this authority’s schools have been bacteriologically examined, with satisfactory results.
- (b) Ornithosis – The public is more familiar with the commoner term “Psittacosis”. Birds, chiefly parrots, suffer from it, but men (and cats) are not immune.

A seaman brought home a Brazilian parrot from his voyages far away. It sickened and died. The veterinary surgeon suspected psittacosis; the owners had suspicious symptoms too. The parrot was destroyed.

We disinfected the premises. This was the only sensible course – though laboratory tests which take some days, failed to confirm the diagnosis.

It is unwise to buy birds from other than reputable dealers. It is important for veterinary surgeons to inform the Medical Officer of Health whenever they suspect psittacosis. Once again, we are handicapped by the fact that suspected psittacosis is not notifiable to the Medical Officer of Health.

Dangerous Caterpillars

The year saw a plague of Euproctis Caterpillars in our hawthorn hedgerows. These caterpillars are beautiful but dangerous animals. The school children, prone to the temptation of collecting them, presented with skin-rashes.

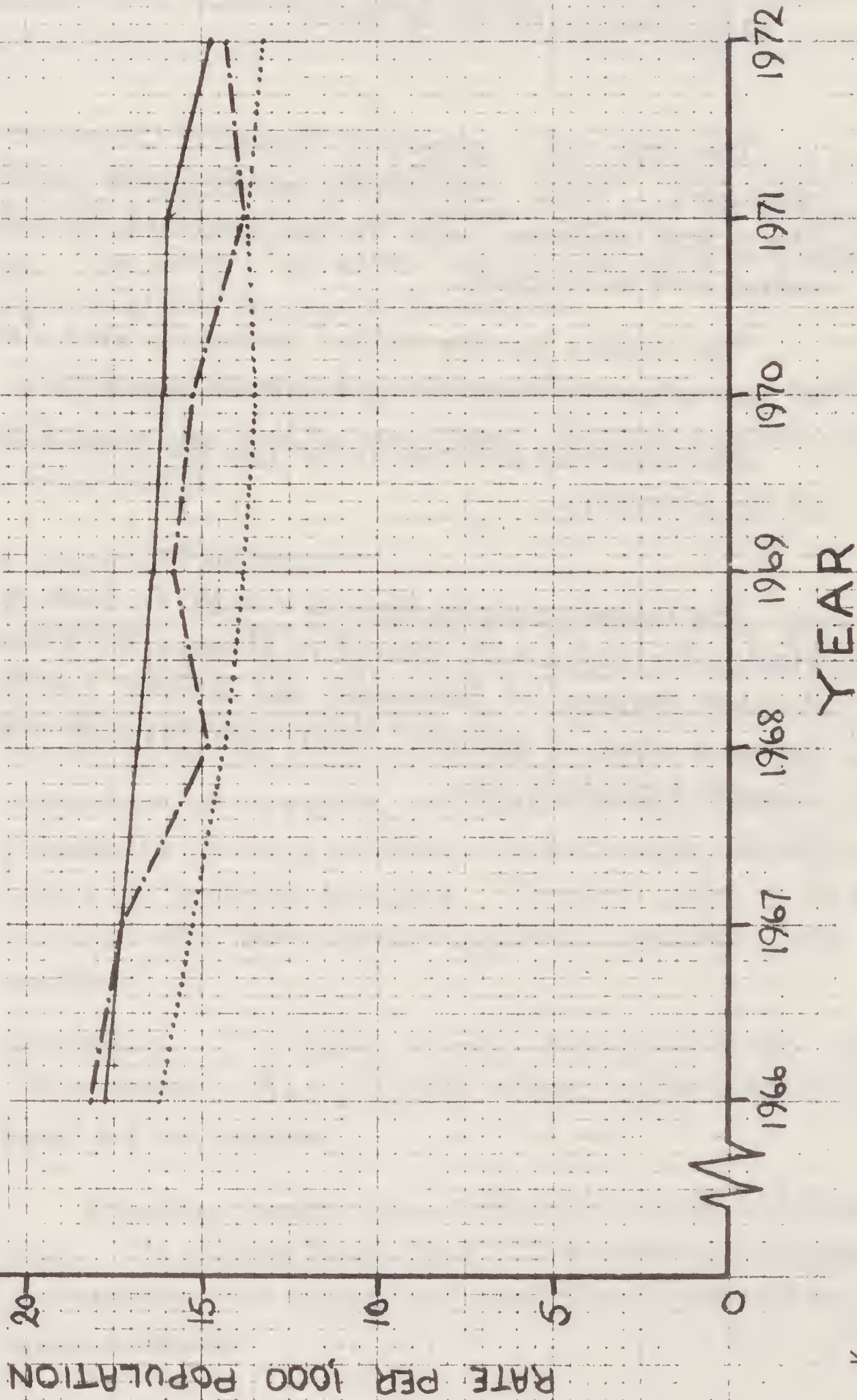
The schools and the medical profession were alerted and were glad of the well-presented publicity by the press and radio.

Environmental medicine is not just the control of infectious disease in the community.

The following graphs (the work of Mr. G. Smith of the Environmental Health Section) are of interest in showing the comparison between the London Borough of Redbridge, the Greater London Council and the national level in birthrate, infant mortality rate and certain infectious disease statistics, etc.

BIRTHRATE

The gloomy prophets of population pollution will be relieved by a glance at the graph. We, in Redbridge, have produced consistently fewer babies than we could — in comparison with the more prolific production in Greater London and in the country as a whole.



Key

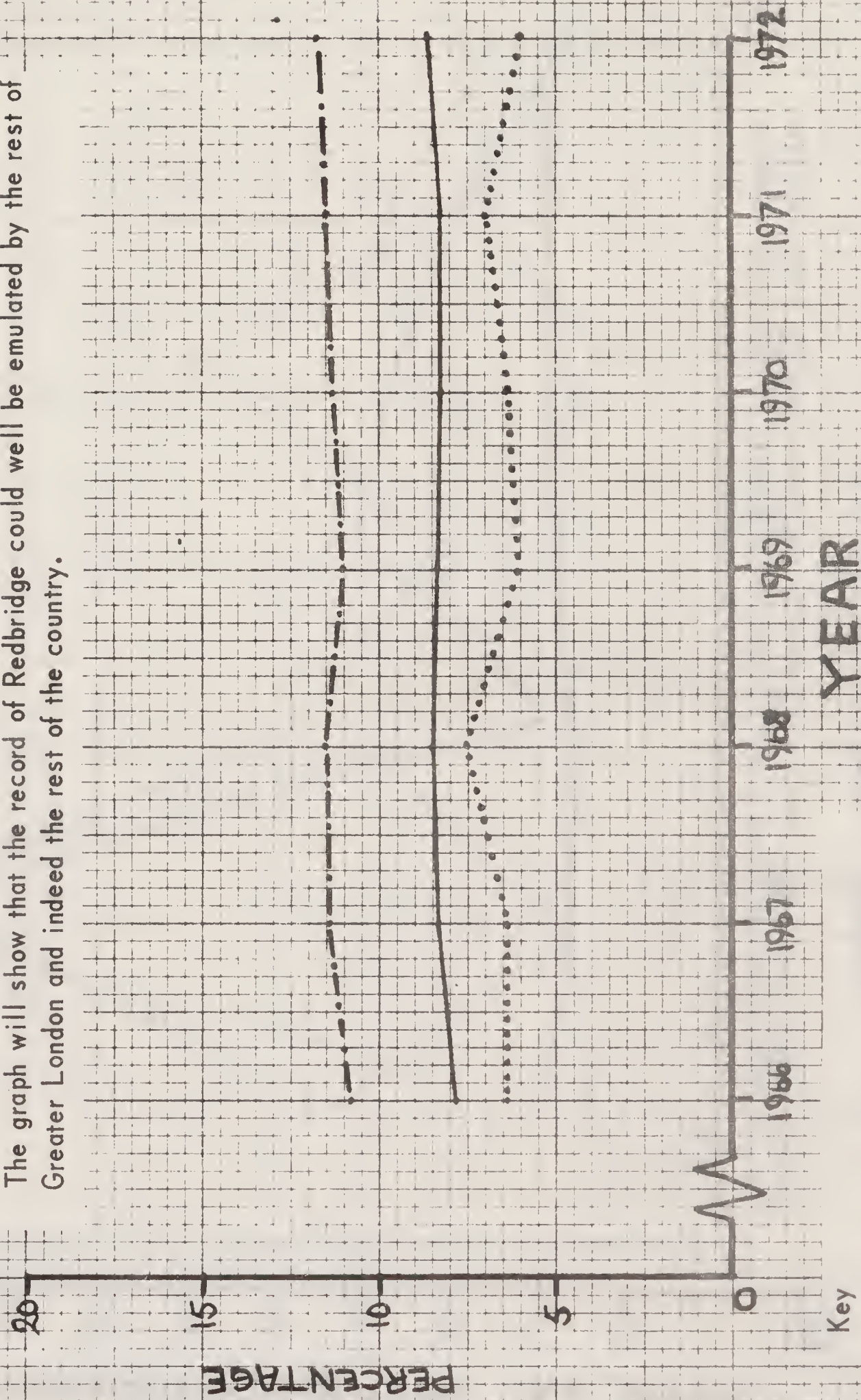
Redbridge

Greater London Council -.-.-.-.-

National _____

ILLEGITIMATE LIVE BIRTHS AS PERCENTAGE OF TOTAL LIVE BIRTHS

The graph will show that the record of Redbridge could well be emulated by the rest of Greater London and indeed the rest of the country.

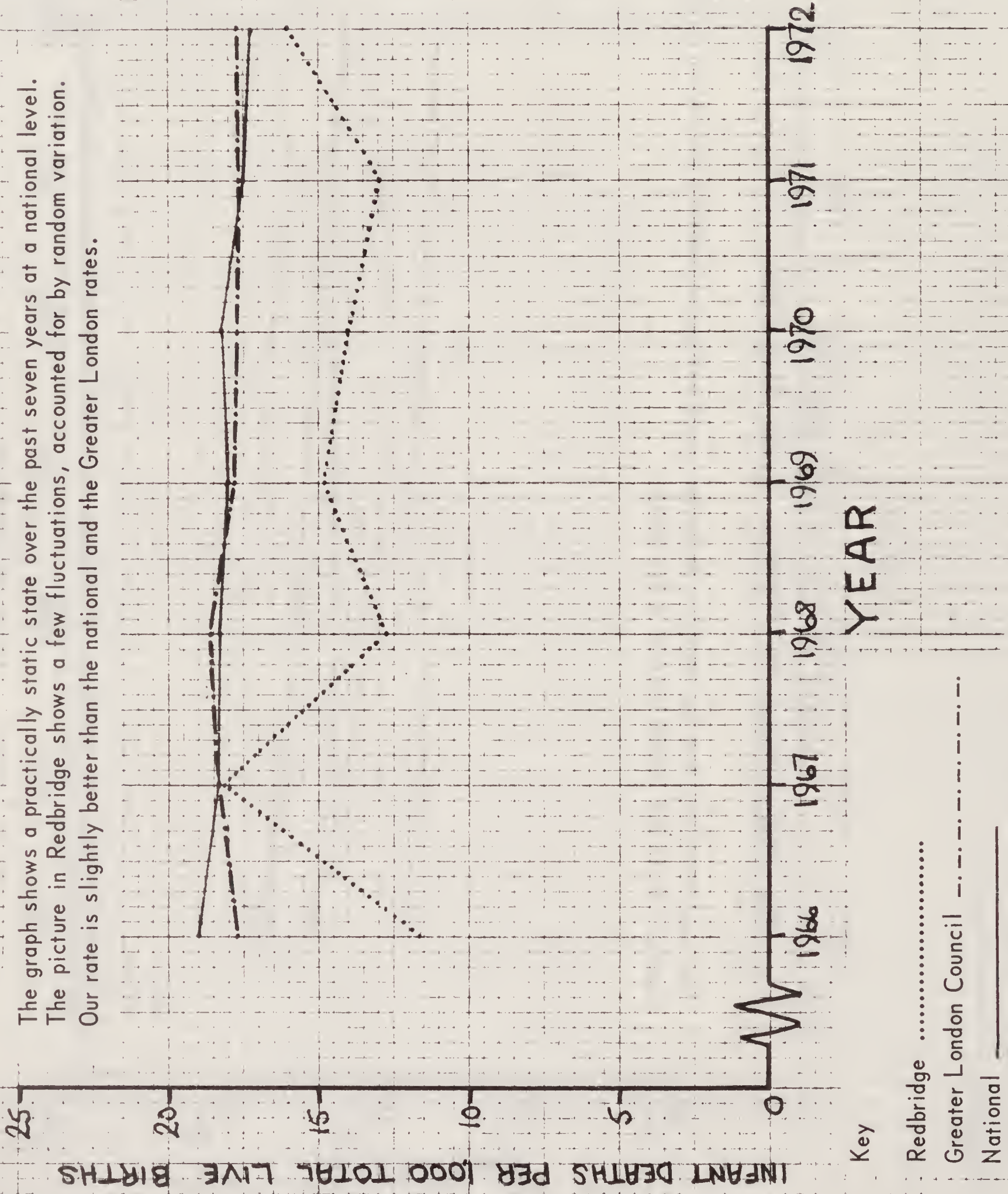


Key

Redbridge
Greater London Council -.-.-.-.-
National ———

INFANT MORTALITY RATE

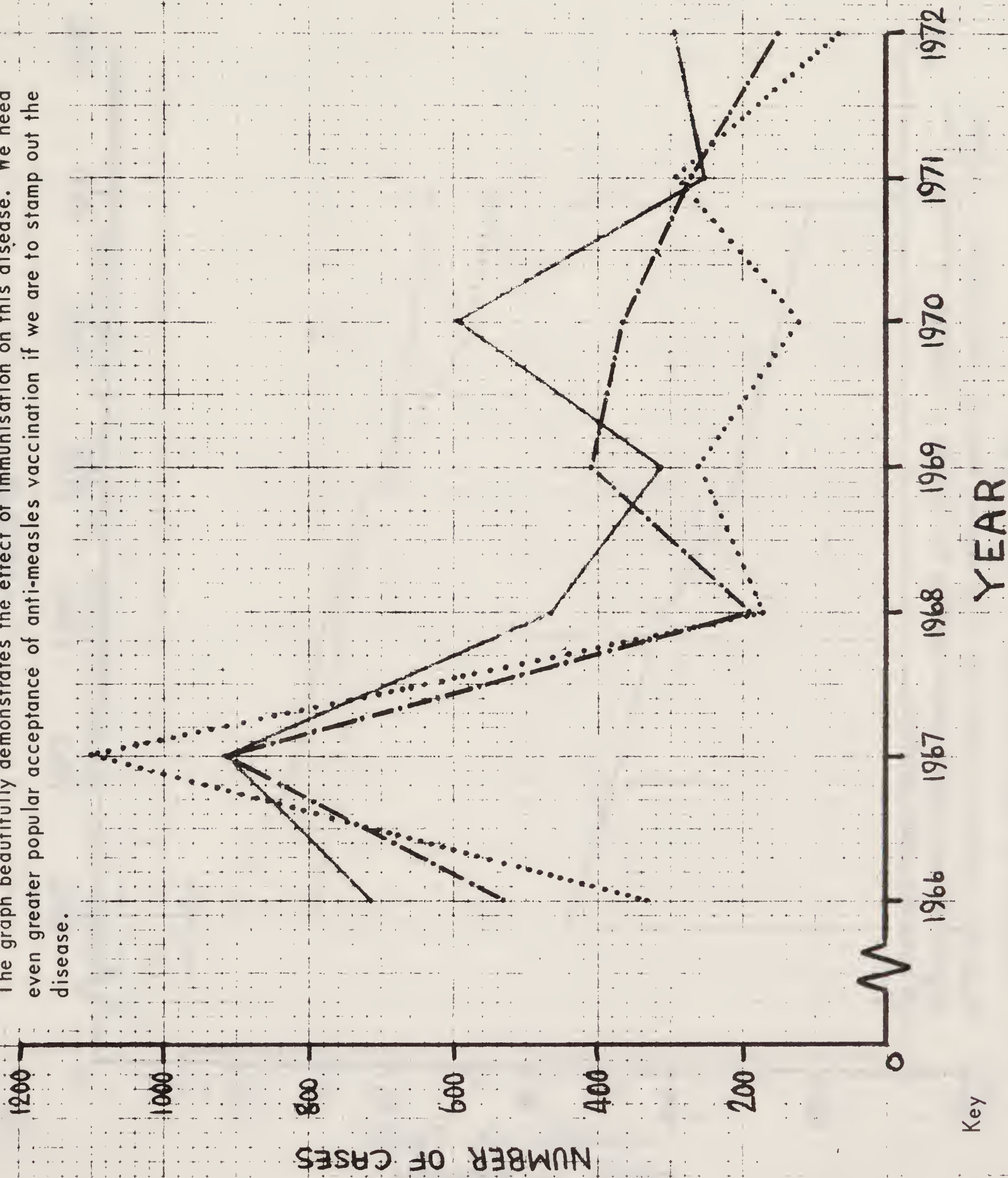
The graph shows a practically static state over the past seven years at a national level.
 The picture in Redbridge shows a few fluctuations, accounted for by random variation.
 Our rate is slightly better than the national and the Greater London rates.



MEASLES

CASES PER 100,000 POPULATION

The graph beautifully demonstrates the effect of immunisation on this disease. We need even greater popular acceptance of anti-measles vaccination if we are to stamp out the disease.



Key

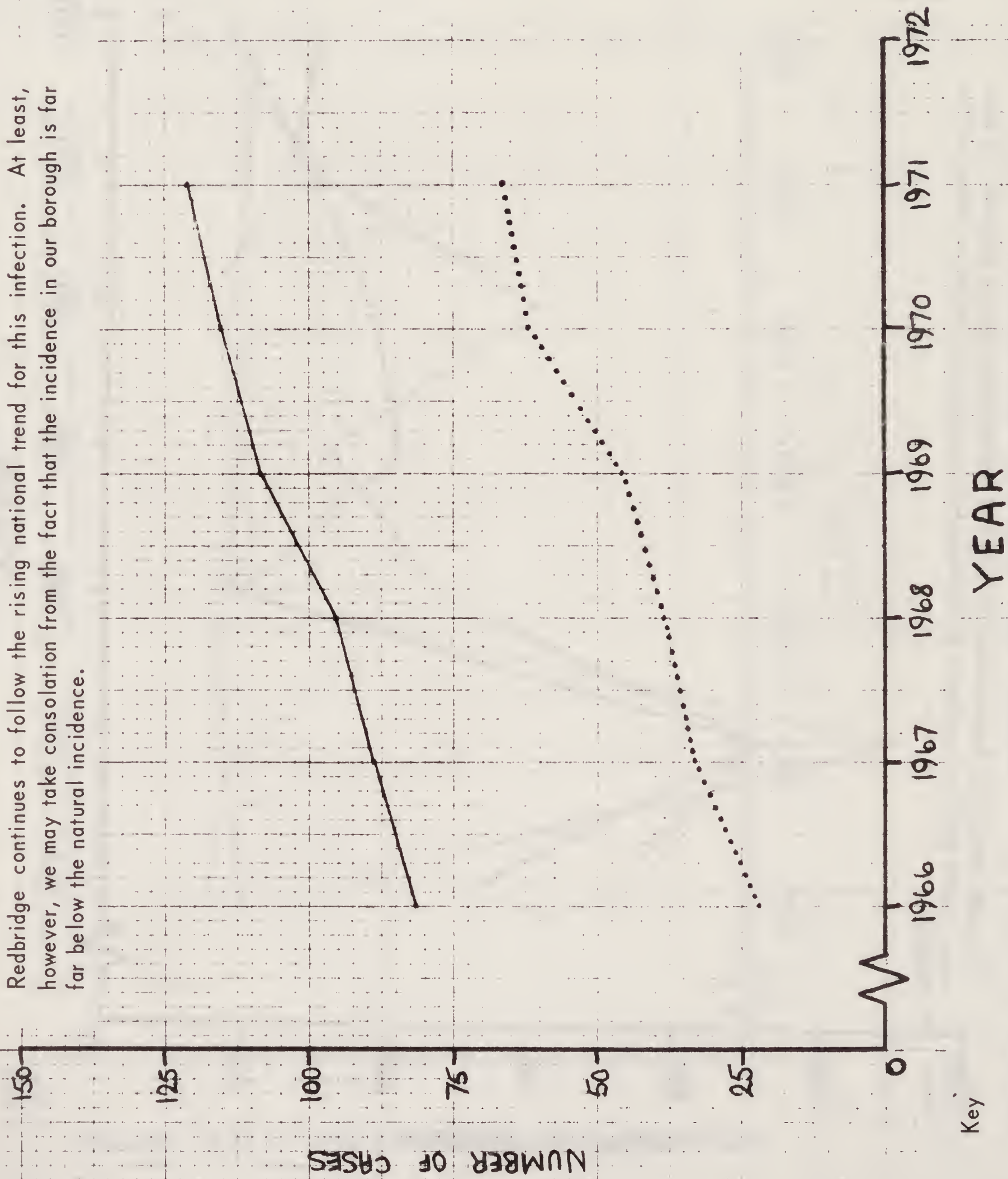
Redbridge

Greater London Council -.-.-.-

National _____

CASES OF GONORRHOEA PER 100,000 POPULATION

Redbridge continues to follow the rising national trend for this infection. At least, however, we may take consolation from the fact that the incidence in our borough is far below the natural incidence.



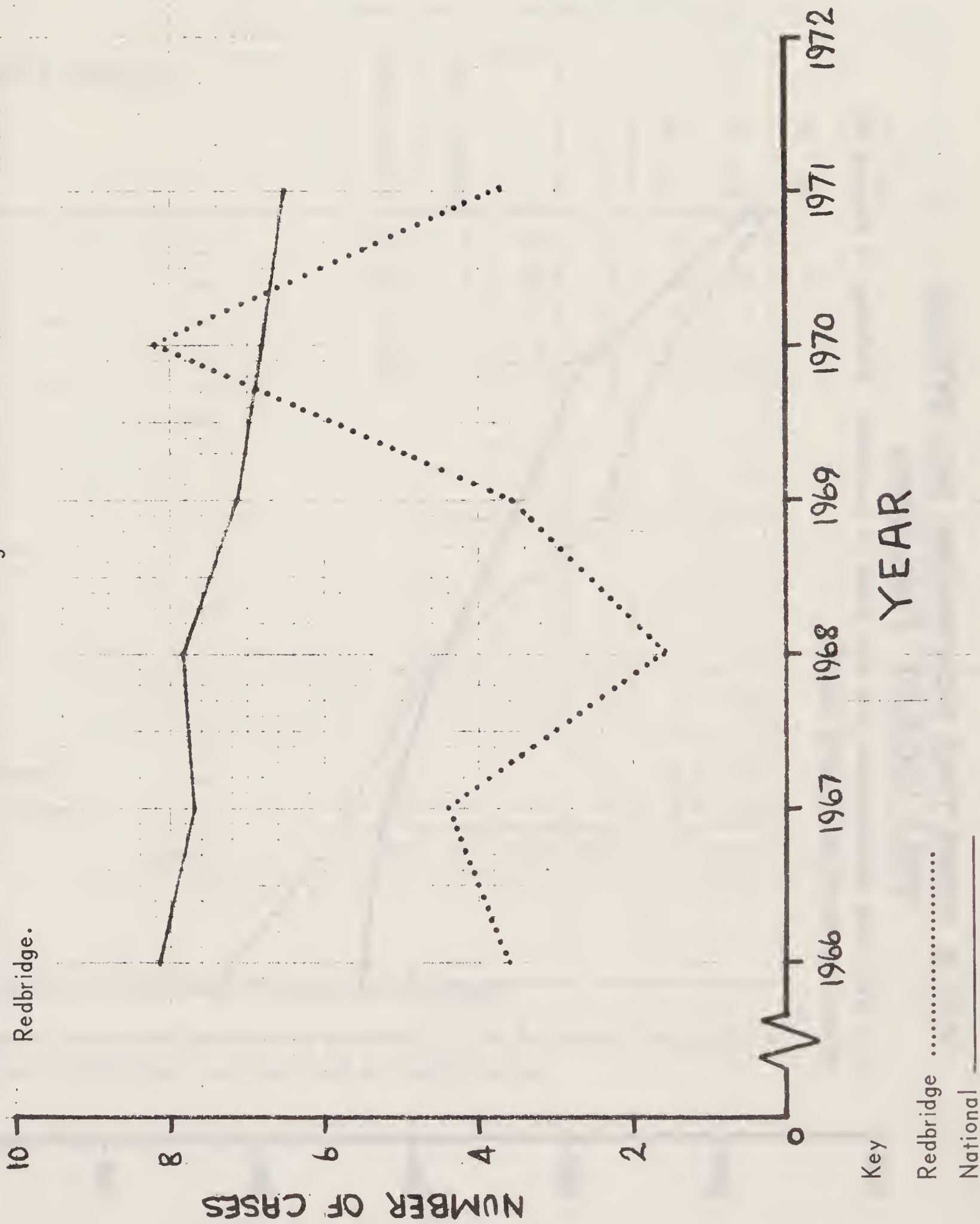
Key

Redbridge

National —

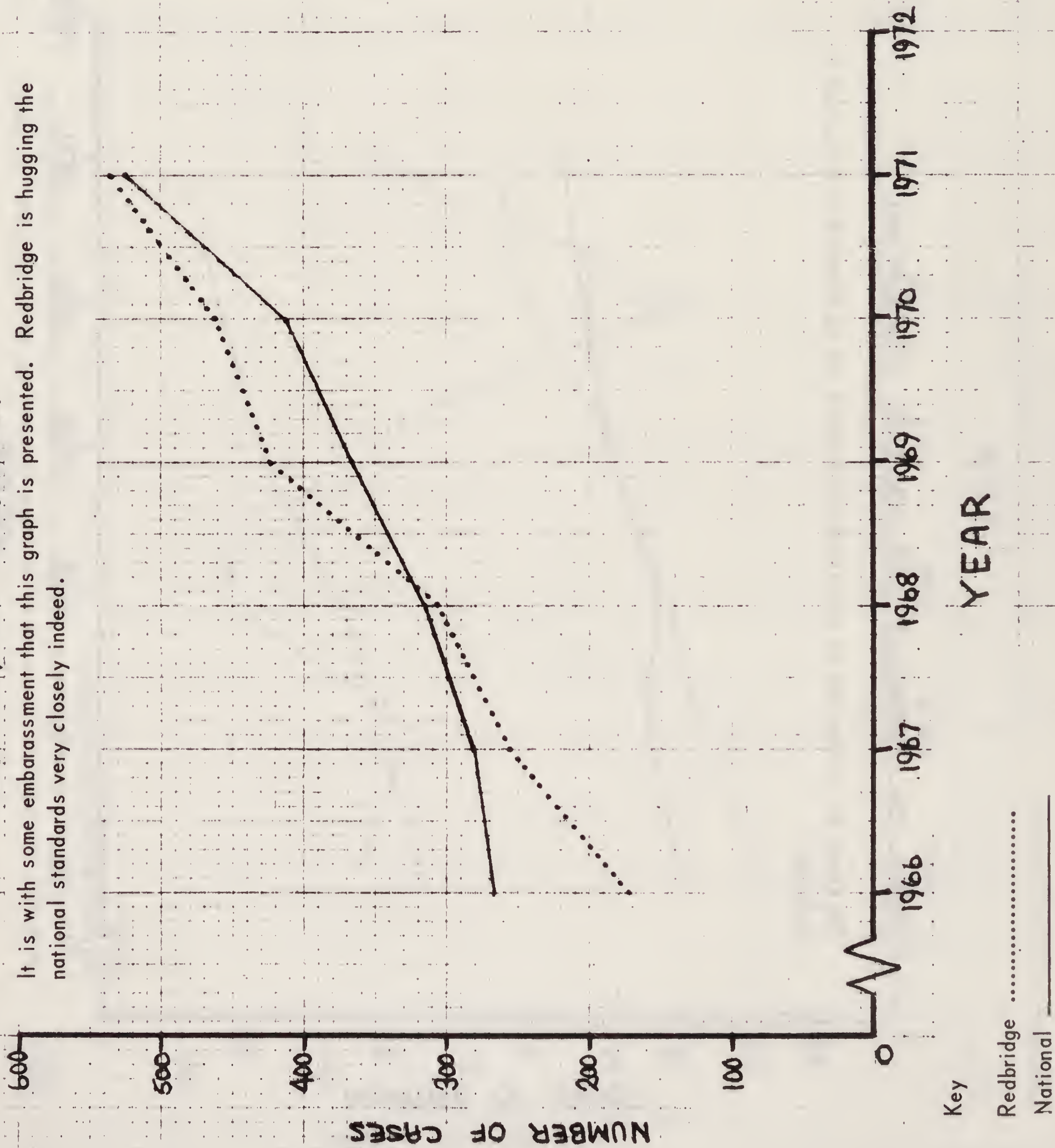
CASES OF SYPHILIS PER 100,000 POPULATION

The cases are so few that no statistical significance can be attached to the curves of Redbridge.



V.D.'S OTHER THAN GONORRHOEA AND SYPHILIS PER 100,000 POPULATION

It is with some embarrassment that this graph is presented. Redbridge is hugging the national standards very closely indeed.



APPENDIX 1

NOTIFICATIONS OF INFECTIOUS DISEASES FOR THE YEAR 1971

NOTIFIABLE DISEASES	Number of Cases Notified At ages – Years							
	Total all ages	Under 1 year	1 – 4	5 – 14	15 – 24	25 – 44	45 – 65	65 plus
Measles	97	3	40	51	2	1	1	1
Dysentery	112	4	33	9	15	31	20	1
Scarlet Fever	35	–	11	17	4	3	–	1
Whooping Cough	12	–	6	6	–	–	–	1
Infective Jaundice	31	–	–	4	8	10	9	1
Diphtheria	–	–	–	–	–	–	–	–
Tetanus	–	–	–	–	–	–	–	–
Acute Meningitis	10	–	2	3	2	3	–	–
Acute Encephalitis	3	–	1	1	–	–	1	–
Ophthalmia Neonatorum	1	1	–	–	–	–	–	–
Acute Poliomyelitis... ..	–	–	–	–	–	–	–	–
Leptospirosis	–	–	–	–	–	–	–	–
Paratyphoid	1	–	–	–	–	–	1	–
Typhoid Fever... ..	1	–	–	–	–	1	–	–
Food Poisoning *	55	5	10	13	7	12	5	3
Malaria	1	–	–	–	1	–	–	–
Tuberculosis (Respiratory)	48	–	1	2	8	14	17	6
(Other Forms)	22	–	–	–	4	12	4	2
Totals	429	13	104	106	51	87	57	11

*Of the total (55) notified, 16 cases were confirmed.

A further case which came to the knowledge of the department, other than by Doctor's notification, was confirmed as food poisoning .

APPENDIX 2

TUBERCULOSIS

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year ...	—	—	—	—	—	—	—	—
1—4 years ...	1	—	—	—	—	—	—	—
5—14 " ...	1	1	—	—	—	—	—	—
15—24 " ...	2	6	2	1	—	—	—	—
25—44 " ...	6	8	5	8	—	—	—	—
45—64 " ...	14	3	2	2	—	—	—	—
65—74 " ...	1	2	—	2	1	—	—	—
Over 75 " ...	1	2	—	—	1	—	—	—
Totals ...	26	22	9	13	2	—	—	—

	Pulmonary	Non Pulmonary
Barking Hospital ...	—	4
Chadwell Heath Hospital ...	5	1
Dagenham Hospital ...	4	1
General Practitioner ...	—	1
Ilford Chest Clinic ...	26	5
King George Hospital ...	—	2
London Hospital (Chest) ...	4	5
Royal Free Hospital, W.C.1. ...	—	1
Wanstead and Woodford Chest Clinic ...	6	1
Whipps Cross Hospital ...	3	1
Totals ...	<u>48</u>	<u>22</u>
Transfers ...	16	4

	<u>Pulmonary</u>	<u>Non- Pulmonary</u>	<u>Total</u>
Number of cases on register, 1st January, 1972	714	152	866
Number of new cases entered on Register during the year	48	22	70
Number of other cases during the year	16	4	20
Totals	<u>778</u>	<u>178</u>	<u>956</u>
Number of cases removed from register during the year —			
Recovered	70	1	71
Deceased	10	—	10
Left District	12	2	14
Lost sight of (Return to Country of Origin)	—	—	—
Diagnosis not established	—	1	1
Refused to attend clinic	1	—	1
Totals	<u>93</u>	<u>4</u>	<u>97</u>
Number of cases remaining on register at 31st December 1972	<u>685</u>	<u>174</u>	<u>859</u>

APPENDIX 3

MASS RADIOGRAPHY

The mass radiography Unit stationed at Vine Church Hall operated on Mondays during 1972, the service is still in operation and Dr. R.S. Francis, F.R.C.P., the Medical Director, has kindly supplied the following preliminary figures relating to the period under review.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Referred by General Practitioners	1,480	1,297	2,777
General Public	2,106	1,547	3,653
Organised Groups... ..	945	3,488	4,433
Residents — Old Peoples Homes	36	112	148
Contact Groups	93	25	118
Total Number x-rayed	<u>4,660</u>	<u>6,469</u>	<u>11,129</u>

The unit also visited and x-rayed personnel of various companies and establishments within the Redbridge area.

The numbers x-rayed were	571	713	1,284
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APPENDIX 4

VENEREAL DISEASES

Treatment received by new cases from Redbridge during 1972,
as notified by the undernoted Treatment Centres

Name of Centre	Totals	Syphilis		Gonorrhoea	Other Genital Conditions	Other Conditions
		Primary and Second	Other			
Albert Dock Hospital, Alnwick Road, E.16	17	—	—	2	7	8
Dreadnought Seamen's Hospital, Greenwich, S.E.10	1	—	—	—	1	—
Homerton Grove Clinic, Eastern Hospital, E.9	31	—	—	3	20	8
Oldchurch Hospital, Romford	373	1	1	39	143	189
Special Clinic, Queen Mary's Hospital, E.15	211	—	1	31	125	54
St. Thomas' Hospital, S.E.1	3	1	—	—	2	—
St. Bartholomew's Hospital, E.C.1	48	—	—	3	35	10
The Whitechapel Clinic, London Hospital, E.1... ..	1,049	1	10	107	608	323
Totals	1,733	3	12	185	941	592

APPENDIX 5

DEATH RATES FROM CANCER AND ISCHAEMIC HEART DISEASE, 1972

The following Table shows the death-rates per 1,000 population of Redbridge for 1972, compared with those for 1971.

	<u>1972</u>	<u>1971</u>
Cancer of lung and bronchus ... ..	.705	.700
Cancer, other forms	1.947	1.921
Ischaemic heart disease	2.819	2.622

APPENDIX 6

Table showing comparison between the Birth-rate, Death-rate, etc., of Redbridge, Greater London and of England and Wales for the Year 1972.

	Rate per 1,000 Population	Rate per 1,000 Total (Live and Still) Births	Rate per 1,000 Population	Rate per 1,000 Live Births
	Live Births	Stillbirths	Deaths (all ages)	Deaths under 1 year
England and Wales	14.8	12	12.1	17
Greater London	12.9	11.2	11.7	17.1
REDBRIDGE (Estimated Population – mid-1972 – 238,300)	13.2	12	10.8	16

APPENDIX 7

Registrar-General's Short List of Deaths and Causes

Causes of and Ages at Death during the year 1972	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the district											
	Total - All ages	Under 4 weeks	4 weeks & under 1 year	1 & under 5 years	5 & under 15 years	15 & under 25 years	25 & under 35 years	35 & under 45 years	45 & under 55 years	55 & under 65 years	65 & under 75 years	75 years & over
Enteritis and other Diarrhoeal Diseases ...	3	-	1	1	1	1	1	1	1	1	1	1
Tuberculosis of Respiratory System ...	2	-	1	1	1	1	1	1	1	1	1	1
Late effects of Respiratory T.B....	1	-	1	1	1	1	1	1	1	1	1	1
Meningococcal Infection ...	3	-	1	1	1	1	1	1	1	2	1	1
Other Infective and Parasitic Diseases ...	3	-	1	1	1	1	1	1	1	1	1	1
Malignant Neoplasm, Buccal Cavity etc. ...	1	-	1	1	1	1	1	1	1	1	1	1
Malignant Neoplasm, Oesophagus ..	16	-	1	1	1	1	1	1	1	5	6	4
Malignant Neoplasm, Stomach ...	72	-	1	1	1	1	1	1	4	17	26	25
Malignant Neoplasm, Intestine ...	93	-	1	1	1	1	1	1	9	18	24	42
Malignant Neoplasm, Lung, Bronchus ...	168	-	1	1	1	1	2	1	11	51	56	47
Malignant Neoplasm, Breast ..	66	-	1	1	1	1	1	4	16	14	15	16
Malignant Neoplasm, Uterus...	9	-	1	1	1	1	1	1	1	2	3	2
Malignant Neoplasm, Prostate ...	14	-	1	1	1	1	1	1	1	1	6	8
Leukaemia ...	15	-	1	1	1	1	1	1	4	2	4	2
Other Malignant Neoplasms ...	178	-	1	1	1	3	2	3	13	45	59	52
Benign and Unspecified Neoplasms ...	4	-	1	1	1	1	1	1	1	1	1	2
Diabetes Mellitus ...	39	-	1	1	1	1	1	1	1	8	15	16
Avitaminoses, etc. ...	1	-	1	1	1	1	1	1	1	1	1	1
Other Endocrine etc. Diseases ...	6	-	1	1	1	1	1	1	1	2	1	3
Anaemias ...	5	-	1	1	1	1	1	1	1	1	1	5
Other Diseases of Blood, etc. ...	3	-	1	1	1	1	1	1	1	1	1	1
Mental Disorders ...	12	-	1	1	1	1	1	1	1	1	1	10
Multiple Sclerosis ...	2	-	1	1	1	1	1	1	1	1	1	1
Other Diseases of Nervous System ...	23	-	1	1	1	2	1	1	1	4	6	8
Chronic Rheumatic Heart Disease ...	23	-	1	1	1	1	1	1	2	5	9	6
Hypertensive Disease ...	56	-	1	1	1	1	1	1	2	6	18	30
Ischaemic Heart Disease ...	682	-	1	1	1	1	1	4	45	131	220	282
Other Forms of Heart Disease ...	123	-	1	1	1	1	1	1	5	8	23	86
Cerebrovascular Disease ...	336	-	1	1	1	1	2	3	8	30	79	213
Other Diseases of Circulatory System ...	85	-	1	1	1	1	1	1	3	7	19	55
Influenza...	10	-	1	1	1	1	1	1	1	2	2	4
Carried Forward ...	2,054	-	3	5	1	7	10	20	126	363	596	923

APPENDIX 7 (cont'd.)

Causes of and Ages at Death During the year 1972	Net Deaths at the subjoined ages of "Residents" whether occurring within or without the district											
	Total - All ages	Under 4 weeks	4 weeks & under 1 year	1 & under 5 years	5 & under 15 years	15 & under 25 years	25 & under 35 years	35 & under 45 years	45 & under 55 years	55 & under 65 years	65 & under 75 years	75 years & over
Brought Forward... ..	2,054		3	5	1	7	10	20	126	363	596	923
Pneumonia	306	3	7	1	—	—	1	—	3	16	64	211
Bronchitis and Emphysema	143	—	—	—	1	—	—	1	2	15	42	82
Asthma	5	—	—	—	—	—	—	—	—	2	2	1
Other Diseases of Respiratory System ...	27	—	1	—	1	—	—	—	2	5	2	16
Peptic Ulcer	18	—	—	—	—	—	—	—	1	2	7	8
Appendicitis	1	—	—	—	—	—	—	—	—	—	—	1
Intestinal Obstruction and Hernia	20	1	—	—	—	—	—	—	—	—	4	15
Cirrhosis of Liver	5	—	—	—	—	1	—	1	—	—	1	2
Other Diseases of Digestive System	30	—	1	—	—	1	1	—	2	5	4	16
Nephritis and Nephrosis	12	—	1	—	—	—	—	—	—	2	2	7
Hyperplasia of Prostate	3	—	—	—	—	—	—	—	—	—	2	1
Other Diseases, Genito-Urinary System ...	25	—	—	—	—	—	—	1	—	2	6	16
Diseases of Skin, Subcutaneous Tissue ...	2	—	—	—	—	—	—	—	—	1	—	1
Diseases of Musculo-Skeletal System ...	9	—	—	—	—	—	—	1	—	—	2	6
Congenital Anomalies	16	6	3	2	—	—	—	—	1	2	—	2
Birth Injury, Difficult Labour, etc.	14	14	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	10	10	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill Defined Conditions... ..	18	—	—	—	—	—	—	—	—	—	—	18
Motor Vehicle Accidents	20	—	—	—	1	5	3	—	4	—	2	5
All Other Accidents	33	—	—	2	—	1	3	1	1	—	8	17
Suicide and Self-Inflicted Injuries	23	—	—	—	—	1	4	1	7	6	3	1
All Other External Causes	6	—	—	—	1	—	2	—	—	2	—	1
TOTAL - All Causes	2,800	34	16	10	5	16	24	26	149	423	747	1,350

GENERAL SERVICES

GENERAL SERVICES

(J.A. Howell, Principal Medical Officer)

Social Services Liaison Working relationships with the Social Services Department continue to be strengthened. Frequent meetings of the staff of the two departments at all levels are actively encouraged and plans are being formulated to maintain strong links and provide any necessary medical, nursing and auxiliary staff from the new Area Health Authority to serve the needs of the Social Services Department when National Health Service Reorganisation takes place in 1974, so that total medico-social care for individuals will not suffer.

Private Old Persons' and Voluntary Homes continued to be inspected regularly on behalf of the Director as were the Borough's own Old Persons' Homes where the ever increasing degree of handicaps found among residents makes medical support for Matrons even more necessary.

The Psychiatric Adviser and three Principal Medical Officers are freely available for advice to Social Workers on medical aspects of their work and to serve on panels assessing need for special care. They also assist with training.

Medical Priority Housing 331 applications for rehousing on medical grounds were assessed during the year. The vast majority of these fall into 2 main categories – the elderly, unable through various handicaps to cope with existing premises often because of stairs or too large houses, and the very young, usually living with relatives or in houses in multiple occupation and unable to cope with resultant psychological stress.

The overall shortage of housing necessitates strict scrutiny of each case and almost always when a recommendation for outright rehousing on medical grounds is being considered, the Principal Medical Officer visits the applicant and inspects the existing accommodation.

Massage and Special Treatment Registration and supervision of premises used for the treatment of persons under Part IV, Essex County Council Act, 1933 continued. 2 new applications were approved, 5 ceased registration, leaving 34 such Establishments. There are 2 others under consideration. All premises

were visited by a Principal Medical Officer or a Senior Public Health Inspector. These premises are listed in Appendix 8.

During the past three years the number of establishments involved in cosmetic massage has grown greatly. With a high turnover of staff a very watchful eye has to be kept on their suitability as regards qualifications.

Nurses Agencies

An application for registration of a branch of the TRUMPS NURSING AGENCY in Ilford was approved after initial visits. With the "Ring - Us" Agency ceasing registration, 2 Nurses Agencies remain as before.

Nurses Agency (East London)
Trumps Nursing Agency

3A Station Bridge, Seven Kings
56 Cranbrook Road, Ilford

Nursing Homes

Both Marie Celeste and Lady Jane Nursing Homes ceased registration during the current year leaving only 2 Nursing Homes in the Borough. Their premises and conditions remain satisfactory.

Nursing Home

Address

St. Anne's

14 Cambridge Park, E.11

The Park Clinic

14 Seagry Road, E.11

National Assistance Act 1948 Section 47

Only two elderly persons required compulsory admission into Care during the course of the year.

The Sanitary Squad

The Sanitary Squad is now working effectively and has been dealing with, among other things, the type of case in which an elderly person's premises are found so insanitary and littered with accumulation of rubbish that a Home Help is unwilling to be involved initially, yet the elderly person is considered to be still capable of some degree of self care with supportive services once the premises have been cleared up. With fewer relatives nowadays near at hand and willing to help I am certain that there will be an increasing need for this service and that in many cases it will obviate the necessity for taking an elderly person into permanent care.

Staff Medical Services

During the past year there has been a dramatic 46% rise in the number of new staff requiring medical questionnaire assessment, an indication of increasing staff turnover. From the accompanying table it will also be seen that there has been a 100% rise over the past 2 years in the number of staff referred for medical opinion on account of prolonged sickness absence. On the other hand, by spending more time on preliminary enquiries, particularly by personally contacting G.P.'s concerned, the number of actual medical examinations necessary has been reduced from 21% to 3%.

With the forthcoming reorganisation of the National Health Service consideration will require to be given to any continuation of staff medical services.

Year	Medical Assessments	Medical Examinations			Existing Staff Referrals
		New Staff	Teachers 28 RQ	Pupil Teachers 13 TT	
1970	1265	311	54	194	47
1971	1309	277	89	262	74
1972	1914	60	26	279	97

The following table summarises the numbers of staff in individual departments referred for medical opinion on account of sickness, disability or other medical grounds during 1972:

Health	1
Social Services	9
Borough Engineers	69
Education	13
Borough Architects	0
Housing	0
Treasurers	3
Libraries	0
Town Clerks	2
	<u>97</u>

ESTABLISHMENTS FOR MASSAGE AND SPECIAL TREATMENT

TREATMENT CARRIED OUT		NO. OF PREMISES LICENCED
A	Massage and Other Treatment	10
B	Chiropody	14
C	Chiropody and Massage	6
D	Physiotherapy	3
E	Hair and Scalp Clinic	1

LIST OF ESTABLISHMENTS

NAME	ADDRESS OF LICENCED PREMISES	TREATMENT CARRIED OUT (refer to table above)
Baruch L.A.	6A, Goodmayes Road,	B
Baxter R.N.	10, Chestnut Drive, Wanstead.	D
Beckett Miss E.M.	27, Madeira Grove, Woodford Green.	A
Braster Mrs. J.	'Hawkins Clinic', 130, Cranbrook Road, Ilford.	A
Coplen V.F.	32, Denham Drive,	B
Forster E.M.	3, Wanstead Place, Wanstead.	B
Foulkes G.L.	27, York Road, Ilford.	A
Gibson Mrs. M.	50, Kings Avenue, Woodford Green.	B
Gresham Mrs. F.E.	116, Beattyville Gardens,	A
Hagan V.	7, Cambridge Park, Wanstead.	B
Hyam C.D.	21/23, York Road, Ilford.	B
Jardine K.L.	67, Clayhall Avenue,	C
Jardine K.L.	119, Eastern Avenue,	B
Johnstone M.E.	75, The Drive, Ilford.	D
Langley J.W.	805, Cranbrook Road,	C
Leary E.	30, Broomhill Road, Woodford Green.	A
Leavesley Mrs. T.	19, Grays Corner, Ilford.	C
Lewis Mrs. J.R.	12, Forest Approach, Woodford Green.	B
MacKenzie Miss	48, Hollybush Hill, Wanstead.	A
Morris W.P.	46, Ranelagh Gardens,	A
Pearce G.S.	238, Balfour Road, Ilford.	B
Perkins Mrs.	125, George Lane, South Woodford.	A
Roberts R.H.	503, Cranbrook Road, Gants Hill.	B
Roberts R.N.	80, Snakes Lane, Woodford Green.	B
Sadowski R.	22, Alloa Road,	B
Scholl	172, Cranbrook Road, Ilford.	B
Seabrooks	6, Clements Road, Ilford.	A
Skipper A.	15, Draycot Road, Wanstead.	D
Souster Bros.	8, Clements Road, Ilford.	C
Stevens B.J.	152, Wellesley Road, Ilford.	E
Stonnill Mrs. T.E.	10, The Shrubberies, George Lane, South Woodford.	C
Turner R.T.	60, Fairfield Road,	C
Warren	'Noron Sports & Sauna Corner', 291/293, High Road, Ilford.	A
Weinberg J.	11, Queenborough Gardens,	B

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 21

Health Centres

SECTION 22

Care of Mothers and Young Children

SECTION 23

Midwifery


SECTION 24

Health Visiting

SECTION 25

Home Nursing

The Community
Nursing Services



SECTION 26

Vaccination and Immunisation.

SECTION 28

Prevention, Care and After Care

SECTION 21 – HEALTH CENTRES

(J.K. ANAND – Deputy Medical Officer of Health)

- Newbury Park Health Centre (Catchment population – over 20,000) – The Centre became operational on 2nd January, 1972. It fulfills its primary aim – the provision of multi-disciplinary teams under one roof, for speedy total service to the patient in the community. The community nurses, the chiropodists, the dentists, the doctors and their receptionists, the administrative/clerical support group – they are all there. The social workers visit occasionally and are always welcome. A geriatric clinic was planned to start functioning in 1973.
- High Road, Woodford Health Centre (Catchment population – 20,000) – Work started in September, 1972 and the building should be completed in December, 1974.
- Salisbury Road, Seven Kings Health Centre (Catchment population – 16,000) – Work on this centre commenced in December, 1972 and the building should be completed “hopefully”, as they say in planning circles, in April, 1974.
- Fullwell Cross Health Centre (Catchment population – 11,000) – Work was planned to commence about the middle of 1973.
- Manford Way Health Centre (Catchment population – 19,000) – Discussions with interested family practitioners are proceeding and we hope that work will commence by Spring, 1974.

We learnt from our few mistakes in Newbury Park Health Centre, and each successive project will, it is hoped, be more successful than the preceding one. The centres are built to last a generation at least. In such a span of time the population profile will often change. So indeed will be fashions in health care. We must ensure that the buildings will prove adequate in size and adaptable in design. Experience of other Authorities suggests that the health centres are seldom too big; they soon appear to be too small.

In the future, the building of the health centres will pass in to the hands of the National Health Service, meanwhile the Local Authority must ensure that there is no slackening of the pace of this development.

SECTION 22 – CARE OF MOTHERS AND YOUNG CHILDREN

(W.H. TOMS – Principal Medical Officer)

The following services are provided under this section of the National Health Service Act 1946.

Child Health Centres

Toddler Clinics

Hearing Tests – in clinics and by home visits

Sale of welfare foods and nutrients

Dental services for expectant and nursing mothers and young children

Convalescence for mothers and young children

Ante-natal and post-natal clinics and relaxation classes for expectant mothers

Day Nursery placement on medical grounds

Family Planning (through the agency of the Family Planning Association)

The report which follows, emphasises the importance of the early diagnosis of handicapping conditions in young children. This is an indisputable fact as in many cases the child's whole future will depend on early treatment combined with family support.

I am, however, concerned with the current elaborate methods aimed at identifying these children. These methods involve excessive and generally unproductive use of professional time, particularly the time of doctors working in the Child Health Service.

All but a handful of handicapped children are diagnosed at hospital and are increasingly well followed up by hospital paediatric staff. In the case of any handicap, not overt at birth, the usual unrefined diagnosis is usually made by the parent, often after talking with her health visitor.

Three primary diagnoses in children under the age of one year were made in this Borough in 1972 at the child health centres, and six more children were discovered to have handicaps between the ages of one and five. To achieve these figures 1,677 sessions were held, all but 214 staffed by a doctor as well as health visitors and nurses. It is a reasonable assumption that if these centres in their present form were discontinued and based on family doctor practices these children would have been presented there.

Protagonists of child health centres in their present form will no doubt emphasise the supportive and advisory function of these centres. Health visitors, could well use their counselling skills in centres in areas of high social need without prejudice to their primary work centre which should be with their family doctor.

The Child Health Service doctors' role should be modified with the view of decreasing the number of examinations at present being carried out. One or two examinations in the first year of life should be adequate, though children should be referred at health visitor's request.

Day Nurseries

10 free places are available for children to be admitted to the local authority-run Day Nurseries on medical grounds. The need, however, is great and it would be beneficial if the number of free places were raised to 15.

The management of the Day Nurseries is in the hands of the Department of Social Services. A medical officer of this Department examines the children on admission and also, as required, during the children's stay in the nursery.

Family Planning

The Family Planning Association has continued to act as agents for the Council in providing their services within the framework of the Council's policy. During the year under review 181 cases were financially assisted by the Council. In addition 10 cases were visited in their own homes.

Child Health Comprehensive Observation Scheme

Dr. Joan M. Pooley, Senior Medical Officer reports as follows:-

The Ante-Natal/Neo-Natal/Child Health Comprehensive Observation Scheme

A Review of the First 12 Months of Operation:-

As from 31st December, 1971 the scheduled gradual closure of the At Risk (Observation) Register was effected and the Special Observation and Screening Plan as described in last year's report was introduced.

As with any new scheme, the first few months must be regarded as an experimental period, followed up by a sifting of details and search for fallacies.

The first 12 months of operation of the scheme have revealed marked active increase in the already well established liaison pattern between health visitors, district nursing sisters and doctors in the various fields of community medicine and general hospital practice. This has been facilitated by the currently increasing number of health visitors/general practitioner attachments.

A natural link-up is developing in the clinical follow-up of children on the established Physically Handicapped Register and of these children who are considered to be "at risk of handicap" and are, therefore, under "Special Observation".

The following figures which relate only to notified physically handicapped children and their sources of notification emphasise the importance of a broad screening net which covers maternity hospitals, general hospitals, child health centres and general practitioner clinics.

Physically Handicapped Children Notified during 12 months 1.1.72 – 31.12.72

	<u>Age 0-12 months</u>	<u>Over 12 months</u>	<u>Total</u>
Sources of Notification:-			
Health Visitor/Midwife	5	—	—
Child Health Centres	3	6	14
Local Maternity and General Hospitals	70	11	81
London Hospitals	15	10	25
General Practitioners	—	10	10
Transfers into area	—	5	5
Total cases:-	<u>93</u>	<u>42</u>	<u>135</u>

From these figures it can be seen that during 1972 14 out of a total of 135 cases (10.37) notified as being mentally or physically handicapped were detected through the health visitor/midwife/child health centre network.

This network had used as its basis the recording of high risk and adverse clinical factors. The information necessary for this to be accurate and effective was collated from hospital discharge summaries, district nursing sisters' reports on domiciliary deliveries, and subsequently from interview and examination by health visitors and clinical medical officers.

Conclusion

The early diagnosis of mental or physical Handicaps is of fundamental importance. It is obvious that the ideal of a routine and continued observation of every infant is a goal as yet out of reach, it is however by means of an "alerting system" such as has been described, that earlier diagnosis is facilitated.

The importance of a broad screening net is emphasised. Liaison is rapidly increasing between hospital paediatricians, general practitioners and community physicians. Confidence is growing within the established and enlarging framework which already exists and which will contribute into the efficiency of the unified Health Service of the future.

Dental Treatment

The provision of dental services to expectant and nursing mothers and to children under the age of 5 is reported on by Mr. E.V. Haigh, Principal Dental Officer –

"The dental treatment of small children under the age of five is most important because they are at an impressionable age and can so easily be put off dental treatment for the rest of their lives. This is why they should commence seeing a dental surgeon between the ages of two and three years old before dental caries have caused serious trouble in their teeth. Most children soon become friendly with their Dental Surgeon and accept conservative treatment when it is required. These children should be seen every 4 – 6 months because decay can occur very rapidly, and if teeth have to be extracted it can be a very traumatic experience for a small child. These patients demand rather specialised ability of dental officers and staff, more patience, and can be time consuming. However by careful management these children can be most rewarding when they become regular patients and lose the fear of dentistry that so often has been given to them by their parents. By showing their parents the importance of regular dental treatment and good dental hygiene it is hoped that as these children grow up they will become conscious of the fact that good teeth are an important part of good health.

There are unfortunately many parents who still think that deciduous teeth are not important and so the first visit a child makes to the dentist is when the child is in pain and extractions are required. The loss of deciduous teeth also is likely to cause orthodontic problems in later years.

The three year old birthday card continued to be sent to all known children on their third birthday. This was started in 1969 and it is helping to bring more of this age group under dental care either with the local authority service or the general dental service. Three thousand cards were posted and many parents have expressed their appreciation of being reminded in a pleasant way concerning dental care from an early age.

I should like to thank all medical officers, health visitors, clinic nurses, health education officer and staff for their assistance in trying to encourage more mothers to bring their small children to be under regular dental care.

The number inspected and treated again increased in 1972, this welcome sign will I hope continue because dentally they are a very important group of children.

The demand for dental treatment by expectant and nursing mothers continued to decrease slightly. This is due to the fact that most mothers are being cared for by the general dental service prior to ante natal or post natal care and so prefer to continue with the dental surgeon of their choice. Many of the mothers that do attend, however, are the ones that do not attend a dentist regularly and as such they usually need more treatment to make them dentally fit. They are also more nervous than patients who attend for regular inspections and treatment and so are more time consuming."

THE COMMUNITY NURSING SERVICES (Sections 23, 24 and 25)

(ANNE LINDSEY, Director of Nursing Services)

This year a new structure for the administration of the community nursing services, based on the principles laid down in the "Mayston Report", has been implemented.

The main objectives are:

- (a) To provide a structure which will enable the local authority nursing service to operate effectively and give an efficient service to the community.
- (b) To promote integration of the health visiting, district nursing and midwifery service within the borough.
- (c) To encourage closer working relationships with the hospital nursing services, and on co-operation between all nursing, medical, social and other statutory and voluntary services.

Staff are based at the Health Centre, Clinics and general practitioners' surgeries. To enable the community nurses to work as effective teams, we decided to divide the borough into four areas, following the boundaries adopted by the Social Services Department. This still enabled us to retain close co-operation between nurses and social workers and also to foster close relationships with general practitioners, hospitals and schools.

Preparations at the same time are also being made to re-direct the community nursing services to meet the demands of the reorganised National Health Service which will come into being in April, 1974. This aims at providing a unified management structure to enable the different parts of the health service to work effectively together. The approach has been to start with the patient and identify the various points in which integration needs to take place, structuring the organisation accordingly. Thus the proposals aim to facilitate closer contact between general practitioners, local hospitals and the community nursing services.

The implementation of the "Mayston" management structure is dependent upon the goodwill and co-operation of all the staff concerned. All except two senior posts have been filled by existing staff. The two remaining district nursing officers posts were advertised and filled by two nursing officers from neighbouring boroughs who were familiar with this area and had the necessary management experience. All nursing officers have attended recognised management courses.

SECTION 23 – MIDWIFERY

During 1972, five of the domiciliary midwifery sisters attended courses on family planning, mothercraft teaching and cytology. This will enable them to give advice on these subjects either in hospital or at home when the service is integrated in 1974. Annual midwifery study days and educational meetings arranged by the maternity hospitals were well attended by the domiciliary midwives.

34 student midwives undertook part II of their midwifery training in Redbridge during the year, all of whom were successful in their examination. Part of their course includes visits to training centres, residential units and this has proved an excellent method for the student midwives to gain insight into the way the physically and mentally handicapped, the elderly and school children are cared for in the community.

The general practitioners and their "attached" midwives continue to make increasing use of the facilities available at Barking Hospital and this arrangement under which patients are cared for by their own general practitioner and midwife in the hospital is popular with both patients and staff.

The number of general practitioners who carry out ante natal care in the surgery, assisted by the midwife, has increased and this provides better continuity of care for the expectant mother. Relaxation classes are also held in the surgeries.

There were 2,186 live births and 28 still births to Redbridge mothers in 1972 and of these 261 were born at home making a home confinement rate 9.2. There were no maternal deaths recorded among either hospital or home confinements.

PLACE OF BIRTH	QUARTER ENDING							
	31.12.72		30.9.72		30.6.72		31.3.72	
	Live	Still	Live	Still	Live	Still	Live	Still
Hospitals	681	5	612	6	647	11	615	10
Nursing Home ...	—	—	—	—	—	—	—	—
At Home	50	—	59	—	77	—	75	1
	668	5	671	6	724	11	690	11

ANTE-NATAL CLINICS	HOSPITAL BOOKING				DOMICILIARY BOOKING			
	QUARTER ENDING				QUARTER ENDING			
	31.12.72	30.9.72	30.6.72	31.3.72	31.12.71	30.9.71	30.6.71	31.3.71
No. of sessions held during the quarter...	157	162	159	157	204	196	193	191
No. of patients attending for 1st time this year ...	347	360	385	900	196	169	249	449
Total No. of attendances	3,245	3,535	3,578	3,601	1,290	1,494	1,308	1,438

Maternity Hospital Discharges before 10th day — 2,026

Maternity Hospital Discharge on 2nd day — 328

SECTION 24 – Health Visiting

The work of the health visitors is both changing and extending to embrace a general involvement with the health of the entire family. A health visitor is concerned with physical and mental health, including existing ill health and the prevention of potential trouble. Health is not a question simply of disease but may be allied to problems within the family, of stress, of ignorance, of poverty, of housing, and indeed of many other facets of living in a complex and urban environment. When the care of people in the community is undertaken by a wide variety of individuals from both voluntary and statutory organisations the health visitor plays an important role in explaining and co-ordinating their work. She is part of the primary care team, including doctor, nurse, midwife, social worker, voluntary helper, etc., and is best able to make her contribution as a member of this team.

Several health visitors undertake health education in schools and compile programmes to suit the needs of individual schools in conjunction with the teaching staff and the health education officer. Courses are given in child care at some schools and girls attending these courses can enter the Red Cross examination on this subject.

SECTION 25 – Home Nursing

Administrative links between local authority nursing staff and general medical practice are now well established, and all district nurses are “attached” to General Practitioners with obvious advantages to the patient and staff. For example:-

- (1) Elimination of contradictory advice.
- (2) Better knowledge of patient's condition.
- (3) Facilities for nurses to keep more up-to-date.
- (4) Increasing confidence between general practitioner and nurse.
- (5) Reassurance to patients in seeing their nurse and doctor working together.

The attachment of district nurses to general practice has had a profound effect on their function. Working in the team under the clinical supervision of doctors has given them the opportunity of accepting greater responsibility than ever before, and of using their training and skills fully. The nursing care assistants take over the duties with lesser responsibilities, thus enabling the team to give a better service to the larger number of patients now nursed in their own homes.

The effect of this change has been to rapidly increase the demands on each nurse, in number of visits as well as in the range of work undertaken. An increase in the number of district nurses is becoming essential.

Place where first treatment during the year took place	Number of Persons Treated During Year			
	Under 5	5 – 64	65 and over	TOTAL
Patient's home	72	1,966	5,745	7,783
Health Centres	86	259	50	395
G.P.'s Premises	152	215	130	497
Residential Homes	4	26	202	232
Elsewhere	13	49	1	63
TOTAL	327	2,515	6,128	8,970

Total visits to all patients 110,336

Physiotherapy

There is a national shortage of domiciliary physiotherapists and patients who really were not fit to leave their homes had to attend hospital for this important treatment.

The district nursing sisters saw a great need for their patients to receive this service and we, therefore, approached the Principal of the School of Physiotherapy at the London Hospital to ask for her help in organising a basic Physiotherapy Course for experienced district nurses. The Principal agreed to design and conduct the course herself, which included breathing and relaxation exercises, advice of positioning of patients to prevent deformity, relieve stress, and maintain muscle tone. Demonstrations of using special aids for hemiplegic and other handicapped patients were also arranged.

The district nursing sisters who have completed their course now have a sound basic knowledge of physiotherapy and are able to carry out simple forms of treatment in the patients' homes. Bronchitic and asthmatic patients are being taught breathing exercises, stroke patients regain the use of their limbs more quickly and basic physiotherapy treatment is proving to be a necessary and valuable service given by district nurses.

Senior physiotherapy students from the London Hospital visit with the district nursing sisters so as to be able to understand the difficulties which confront some patients in their own homes, and so that they, in turn, will be able to understand these problems when devising treatment for hospital patients before discharge.

Nurse Education This year the long awaited "Report of the Committee on Nursing" (Briggs Report) was published and many radical changes in the system of nurse education were proposed, including the view that future courses for nurses should include experience in general and psychiatric nursing in both hospital and community. A step towards this aim is being achieved in the community care courses which we have arranged for student nurses.

A twelve weeks course has taken place in this area for students from the Ilford District Hospital Group, including six weeks working in district nursing, five weeks in health visiting, one week in midwifery and visits of observation to special units and regular study days.

Statistics show the increase of work in the community nursing service. This is mainly due to the greater realisation that sick and disabled persons should be cared for in the community unless it is essential for them to receive the type of treatment and care which can only be provided in hospital. Furthermore several schemes have been established to link the work of community nurses with that of the general practitioners thus bringing a wider section of the residents in this borough within the range of work covered by the nursing staff.

The implementation of the "Mayston" nursing management structure has presented us with a challenge which we are beginning to meet. The Area Health Boards of 1974 can only add strength to the steps already taken by the local nursing services and we look forward to helping the community which we serve in the new integrated health service.

SECTION 26 – VACCINATION AND IMMUNISATION

The statistics appertaining to immunisation appear in Appendix 13.

Vaccination against smallpox has been discontinued as a routine practice in infancy. We still advise vaccination for travellers to some parts of the world.

Vaccination against Rubella has been added to our armoury of preventive measures. It should prove valuable in shrinking the numbers of

foetal abnormalities. (Rubella in the pregnant mother is frequently a cause of foetal damage).

At the moment anti-Rubella vaccine is being offered to girls of between 11 – 14 years.

SECTION 28 – PREVENTION, CARE AND AFTER CARE

including Renal Dialysis
Provision of Sickroom Equipment
Chiropody
Tuberculosis
Extra Nourishment
Cervical Cytology and Cancer Education
Geriatric Clinic
Marie Curie Memorial Foundation Fund

Renal Dialysis

Five applications were received during the year for the necessary adaptations to be undertaken to enable home dialysis to be provided for Redbridge residents. These were all granted and at the end of the year thirteen patients were being so treated.

Chiropody

Mr. F.W. Gibson, the Chief Chiropodist, reports as follows:-

"We continue to provide this valuable service to the elderly, physically handicapped, expectant mothers and school children.

The service to the elderly is based mainly at our chiropody clinics where patients are invited to attend the clinic nearest or most conveniently accessible by public transport.

We also have a car service manned by volunteers to transport patients unable to use public transport. For patients unable to leave their homes, we send chiropodists to treat the patient in their home. All the Welfare Homes are also visited regularly and residents requiring chiropody treatment receive it. The fee charged is 35p; patients receiving supplementary pensions receive treatment free of charge. All patients can complete an assessment form to decide whether they are eligible for a reduced fee, or free treatment.

A very important part of the chiropody service is devoted to school children, mainly in the treatment of verrucae. This is greatly appreciated by the parents.

We also advise parents and children on footwear and hygiene, hoping that in doing so we can prevent a lot of feet being mutilated.

Unfortunately, the demands on the service are increasing, and it is becoming difficult to engage more chiropodists, because of the acute shortage nationally. Our present establishment is nine; we have five full-time Chiropodists including myself; and five part-time Chiropodists."

Tuberculosis After-Care

Health Visitors

Three full-time Tuberculosis visitors are attached to the Ilford Chest Clinic and one full-time and one part-time visitor to Harts Hospital. A very close liaison is maintained with the Chest Clinics and the after-care services are closely integrated.

Facilities

Other facilities which exist for the after-care of tuberculosis patients include assistance in the maintenance charges at rehabilitation settlements, provision of free milk, boarding out of child contacts.

During 1972 the one patient continuing to reside in a rehabilitation settlement was provided with financial assistance towards his maintenance.

One patient was provided with the British Red Cross domiciliary library service for which the Borough was financially responsible.

Extra Nourishment

The following received extra nourishment (milk) during 1972:-

Number of new T.B. Patients during year	7
Number of existing T.B. Patients	73
Number at 31. 12.72	<u>80</u>
Number of new cases (other than T.B.)	19
Number of existing cases (other than T.B.)	48
Number at 31.12.72	<u>67</u>

Voluntary Bodies

The Wanstead and Woodford Chest Care Association continued their enthusiasm and hard work on behalf of chest and heart sufferers. They take a very personal interest in the patients and really care about their welfare. The following is a resumé of assistance given to patients and of fund-raising events by the Committee during 1972.

1. 254 Extra Nourishment Vouchers were issued to 30 patients during 1972 at a total cost of approximately £680. The value of the Vouchers varied from 50p to £1.00.
2. 28 Out-patients and 33 In-patients were given £2.00 with a card at Christmas.
3. A man and wife, both patients of the Chest Clinic, had debts totalling £12.95 cleared.
4. A weekly Mini-cab fare paid for a severely arthritic wife (old aged Pensioner) of a long-stay patient.

Fund-raising efforts

Coffee morning organised by a Committee member at her home.

Bring and Buy Sale organised by two Committee members at their home.

1972 Christmas Seals Sale realised the sum of almost £200 (organised by the Committee members).

Various Dances and Whist Drives organised by the Committee.

Donations given by grateful patients.

Ilford Tuberculosis Chest Care Association

Despite the increasing difficulty to raise funds and the substantial rise in the cost of living, the Association maintained its objective in providing help for necessitous patients during 1972.

The main form of this help was again the granting of extra nourishment and during the year 406 such grants were made to 44 patients.

In addition other assistance was given as follows:-

2 Grants of help with fuel bills.

7 Grants for relatives to visit patients in hospital

44 Cash grants at Christmas to adults.

6 Toy gifts at Christmas to children.

The financial assistance given by the Redbridge Council and the free use of accommodation at King George Hospital are again very much appreciated.

Cervical
Cytology and
Cancer
Education

The Consultant Pathologist at King George Hospital, reports the following statistics:-

Total number of smears	...	...	...	...	8,714
Hospital Gynaecological Clinics	...	...			2,813
G.P.s	...	...	...	...	2,394
L.H.A.	...	...	...	...	1,992
Family Planning Clinics	...	...	...	...	1,515

Of the total of 1,992 smears received from Local Health Authorities, 1,181 were provided by the Redbridge Local Health Authority.

Fifteen of the smears examined needed further investigation by cone biopsy. The cone biopsies gave the following findings:-

Carcinoma in situ	...	...	...	...	10
Invasive Carcinoma	...	...	...	...	04
Dysplasia	...	...	...	...	01

Four of these positive cases came from Local Health Authorities. There were, as usual, no false positives.

Our pick-up rate of under 2/per 1000 smears for 1972 is the lowest ever, and compares with a steady average of about 3.5/1000. The low figure is probably due to random variation. Already this year, the number of proved positive smears is double last years figure from half as many smears.

Other benefits have accrued from cervical cytology. Infections due to *Trichomonas vaginalis* and monilia, together with some cases of hormonal imbalance, have been uncovered as a result.

Geriatric Clinics

This service continued during the year at the clinics within the Borough thanks being due to the six general practitioners willing to attend on a rota basis.

During 1972 the following sessions and attendances were recorded:—

Sessions held	...	...	...	49
Patients examined	...	...	...	217

Marie Curie Memorial Foundation

This fund which exists to provide various forms of help for cancer patients, where this help is not obtainable through statutory sources, has, during 1972 assisted the following cases:—

Provision of extra nourishment (milk, eggs etc.)	5 patients
Provision of toilet requisites	3 patients
Payment for services of night nurses	18 patients

Our thanks are extended to the Foundation for this valuable service.

OTHER ACTIVITIES

In addition to the running of the Maternity and Child Health Services of the Borough the medical, nursing and administrative staff have continued throughout the year to co-operate with official and voluntary organisations, clubs, scout troops, womens guilds, etc., in giving talks and lectures on a wide variety of health subjects.

Other forms of help given include interviews with trainee teachers, social workers, medical secretaries, pupil midwives, and student health visitors requiring detailed information and statistics on certain specialised health subjects, the organising of visits to child health centres, specialists clinics, day nurseries, special schools, for parties of pupils from secondary schools, and locum general practitioners.

CLINIC PREMISES

CHADWELL CHRISTIAN MISSION HALL, Essex Road, Chadwell Heath.

ALL SAINTS CHURCH HALL, Woodford Wells.

BAPTIST CHURCH HALL, Dover Road, E.12.

MAYESBROOK CLINIC, Goodmayes Lane, Goodmayes (adjoining Mayfield School).

ST. JOHN'S CHURCH HALL (entrance in Devonshire Road), Newbury Park.

MANFORD WAY CLINIC, Manford Way (corner of Tufter Road), Chigwell.

ASHTON PLAYING FIELDS PAVILION, Chigwell Road, Woodford Green.

ST. LUKES CHURCH HALL, Baxter Road, Ilford.

SEVEN KINGS METHODIST CHURCH HALL, Seven Kings Road (entrance in Vernon Road), Seven Kings.

HEALTH SERVICES CLINIC, Madeira Grove, Woodford Green.

ST. ALBAN'S CHURCH HALL, Albert Road, Ilford.

KENWOOD GARDENS CLINIC, Kenwood Gardens (off Cranbrook Road), Gants Hill.

BAPTIST CHURCH HALL, George Lane, E.18.

HEATHCOTE AVENUE CLINIC, Heathcote Avenue, Clayhall.

NEWBURY PARK HEALTH CENTRE, Perrymans Farm Road, Barkingside.

BAPTIST CHURCH HALL, Wellesley Road, Ilford.

35, WANSTEAD PLACE, E.11.

METHODIST CHURCH HALL, The Drive (at junction with Eastern Avenue), Cranbrook.

MEMORIAL HALL, Parish Church, E.18.

FULLWELL CROSS LIBRARY, High Street, Barkingside.

SOUTH PARK CLINIC, 100, South Park Drive, (corner of Loxford Lane) Seven Kings, Ilford.

DETAILS OF THE CASES OF CONGENITAL ABNORMALITY
AS REPORTED TO THE REGISTRAR GENERAL DURING 1972

Central Nervous System	...	...	...	...	...	...	...	6
Eye and Ear	...	...	...	...	...	...	...	4
Alimentary System	...	...	...	...	...	...	...	1
Heart and Circulatory System	...	...	...	...	...	...	...	14
Uro-genital System	...	...	...	...	...	...	...	21
Limbs	...	...	...	...	...	...	...	35
Other parts of Musculo Skeletal System	...	...	...	...	...	...	...	8
Other Systems	...	...	...	...	...	...	...	9
Other Malformations	...	...	...	...	...	...	...	3

APPENDIX 11

DETAILS OF DENTAL TREATMENT FOR EXPECTANT AND
NURSING MOTHERS AND CHILDREN UNDER 5 YEARS OF
AGE GIVEN DURING 1972

Number of Visits for Treatment during Year	Children 0-4 (inc.)	Expectant & Nursing Mothers
First Visit	813	66
Subsequent Visits	801	100
Total Visits	1,614	166
Number of Additional Courses of Treatment other than the First Course commenced during year	219	12
Treatment provided during the year - Number of Fillings	1,530	100
Teeth Filled	1,420	95
Teeth Extracted	94	55
General Anaesthetics given	32	-
Emergency Visits by Patients	16	15
Patients X-Rayed	2	5
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	430	89
Teeth Otherwise Conserved	128	-
Teeth Root Filled	-	5
Inlays	-	-
Crowns	-	1
Number of Courses of Treatment completed during the year	802	63
Number of Patients given First Inspections during year	1,445	55

APPENDIX 12

VISITS BY HEALTH VISITING STAFF

Cases Visited by Health Visitor													Number of Cases
1	Children born in 1972	...	...	...	...	...	...	...	...	...	...	...	3,028
2	Other children aged under 5...	...	...	...	...	...	...	...	...	...	...	...	13,096
3	Total number of children in lines 1 and 2...	...	...	...	...	...	...	...	...	...	...	...	16,124
4	Persons between 17 and 64...	...	...	...	...	...	...	...	...	...	...	...	2,991
5	Number included in line 4 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	...	...	...	...	...	246
6	Persons aged 65 or over	...	...	...	...	...	...	...	...	...	...	...	2,783
7	Mentally handicapped and mentally ill	...	...	...	...	...	...	...	...	...	...	...	368
8	Number included in line 6 who were visited at the special request of a G.P.	...	...	...	...	...	...	...	...	...	...	...	97
9	Number of tuberculous households visited	...	...	...	...	...	...	...	...	...	...	...	20
10	Number of households visited on account of other infectious diseases	...	...	...	...	...	...	...	...	...	...	...	71
11	Number of tuberculous households visited by tuberculosis visitors	...	...	...	...	...	...	...	...	...	...	...	715

APPENDIX 13

VACCINATION AND IMMUNISATION

Completed Primary Courses – Number of persons under age 16

Protection against	Year of Birth					Others under age 16	Total
	1972	1971	1969	1969	1965/68		
Diphtheria	201	2,650	864	184	256	67	4,222
Whooping Cough	201	2,633	861	178	238	25	4,136
Tetanus	201	2,656	870	191	274	427	4,619
Poliomyelitis	292	2,831	908	113	141	26	4,311
Measles	3	813	864	123	165	24	1,992
Rubella						1,102	1,102

HEALTH EDUCATION

HEALTH EDUCATION

(Kathleen Griffiths – Health Education Officer)

"Young people who think that taking the contraceptive pill will lessen the chance of catching venereal disease". "A young husband who thought he would help his wife with their family planning programme by each taking the "pill" alternate months". These are only two of the many pieces of health mis-information that still abound in our society today. It is, therefore, a somewhat puzzling fact that although there is a greater public demand and need for health information (as a means of saving the curative services and therefore of expenditure) there has been a diminution of health education resources during this year.

Schools/Adult Education

We are pleased to report that we have been able to provide for a growing demand from schools, youth services, further education and other educational and local organisations. This has meant that health department staff armed with the necessary audio/visual aids operate on a "roving commission". We had planned for a centre where public and staff alike could come into "help themselves to health" – where lectures, discussion groups, permanent exhibitions could take place and where information could be exchanged. We hope that this goal will soon be realised.

The Borough Youth Service has also involved the staff both in induction courses for Youth Leaders covering techniques in health education and in subjects of importance such as drugs, sexually transmitted diseases and smoking.

Health Centre/ Clinics

Mothercraft sessions in the clinics and in the new health centre have increased and midwives now, as well as health visitors have asked for the services of the health education section for their courses of talks to mothers (and sometimes fathers too) in childbirth and the care and development of their babies. An increase in our participation in health education aspects of training of midwives, and more latterly, in nurse training at the London Hospital has been a very welcome addition.

Home Safety

The Redbridge Home Safety Committee is closely allied to the Health Education Section. Requests for talks continue to come in and are all supplied by our own staff. The home safety contribution to the Education

Department Pre-Retirement Courses is now repeated six times a year due to increased demand.

Family Planning

Two projects which have been chosen for comment because of their topicality include education and publicity for the family planning services. The following two important areas of approach were initiated:-

- a) Staff "updating" courses
- b) Public education through information and publicity.

Venereal Diseases

The topic of sexually transmitted diseases was introduced in programmes for school leavers and we find so much misunderstanding about their own bodies and the spread of venereal diseases that this work must be given priority.

Pollution

The Health Department series of displays at the 1972 Redbridge Exhibition took on the theme "Pollution – Control or Chaos?" with three aspects – "Population Problems", "Air Pollution" and "Food Poisoning Problems". The exhibitions attracted a great deal of interest and requests from the public for health talks.

No report would be complete unless mention is made of links with the Environmental Health Section in meeting a growing demand for help with talks and assistance with projects on various aspects of pollution, food poisoning, air pollution and noise. In conjunction with the specialist Public Health Inspectors, a start has been made to meet the interest of several of our schools. Courses for food handlers have been conducted at Redbridge Technical College, each course extending over a period of 12 weeks in which participants have the option of entering for a Royal Society of Health Certificate in Food Hygiene.

Smoking and Health

Our waiting list of clients wishing to give up smoking had grown during the year, and so it was decided to hold our third "Stop Smoking Clinics" and we were fortunate in obtaining the services of the well known lecturers – Dr. White and Mr. Smart who again made the course as successful as on previous occasions.

Dental Health Education

Mrs. Sarah Dominey, Dental Auxiliary, reports as follows:-

"On joining the Borough of Redbridge in January, 1972, as virtually no dental health was taught in our local schools, but plenty of visual aids were available, I decided to approach local head teachers.

Talks for 5 – 6 year olds were arranged in several primary schools and the children adored the chosen films. In addition to showing these short films, toothbrushing was demonstrated with large jaws and toothbrush. These talks were great fun and the children enjoyed them.

During this time, talks were given to groups of secondary school children, at the schools' request. Additionally, dental health has been included as a topic in one of the mothercraft courses, where the group was set a small test. All the girls remembered the topic very well.

Following the successful sessions it was now decided to concentrate on the expectant mothers. Again, the talks are in conjunction with their mothercraft classes. The expectant mothers are seen in very small groups, so that we can have discussion, rather than lectures."

Training of Health Education Staff.

Miss Mary Boustead left in September, 1972 for her year's training course at the University of Leeds. We missed her help and look forward to her return as a trained health educator.

Administration

On the debit side, we reluctantly report that a great deal of time has been spent in purely domestic matters – due to a fragmentation of the service in terms of premises – three, isolated each from the other – and, therefore, of the staff who are likewise isolated from one control point. Expensive equipment, and previously constructed superb exhibits for our specific needs are now stored in condemned property, attractive to vandals and bringing deterioration of the materials. Time and thought has to be expended to keep a continuous check on costly and delicate equipment.

Finally, the continued support and enthusiasm of health education staff – Miss Boustead, Mr. Boivin (health education technician) and Mrs. Mitchell (clerical assistant) throughout the year – is acknowledged.

EDUCATION ACT, 1944

SCHOOL HEALTH SERVICE

(W.H. Toms – Principal Medical Officer)

1972 saw the completion of the introduction of selective medical examinations for the whole school population (excluding those children attending special schools). This policy has brought Redbridge into line with the majority of other progressive authorities where the greatest time and skill is concentrated on the 4 and 5 year old group. Particular efforts have been made to encourage parents to bring their children to see the school doctor at 4½ and it is an indication of the enthusiasm of the school nursing staff that now over half school entrants are examined then, the rest being seen in their first year at school. Every effort is made to detect handicapping conditions which may lead to inability to profit from and enjoy life at school. Many children are clumsy through immaturity of the nervous system and tend to get blamed for the results of their clumsiness. Advice to the teaching staff on this problem – also to the parent on play designed to accelerate maturation can be of great help.

All our school entrants have their eyesight and hearing tested, this being repeated throughout their school life at frequent intervals. Good vision and hearing are of paramount importance to all schoolchildren.

Children with problems, physical or mental are watched closely while at school and seen regularly. Care conferences are arranged with teachers, psychologists, speech therapists and if necessary occupational and physiotherapists when a multidisciplinary approach is required.

At 12 and 15 parents are sent a letter asking them to complete a form answering certain questions about the child's health. These forms are checked by the school doctor who has all previous medical records available as well as a school report and decides which children should be examined. In practice any suggestion of deviation from normal standards of health result in a full examination and the proportion of school children selected for examination is in the region of 30%.

Selective examinations do not represent a saving in medical time but allow more time to be spent on those children with the greatest needs.

School Roll

The school roll on 31st December 1972 was 35,374.

Medical Inspections

8,869 medical inspections of a periodic nature were carried out; in 20 cases, the pupil's condition was unsatisfactory.

The immigrant school-children have continued to undergo a special examination as soon as practicable after admission to the school. A skin test (for evidence of past or present tuberculosis infection) is carried out and where indicated, B.C.G. vaccination is performed. Advice is also given about immunisation against diphtheria and whooping cough.

Provision of Free Milk – Education (Milk Act) 1971

94 children have been recommended to receive free milk on health grounds. The school health service will continue to welcome referrals from schools, health visitors, the Social Services Department, general practitioners and hospitals.

Screening Tests of Vision and Hearing

This service has continued satisfactorily during 1972, and the following is a summary of the examinations undertaken.

	Number Tested	Number Passed	Total Number of Defects	Number Referred for Advice
Vision	14,538	11,736	2,802	1,131

	Number Tested	Number Passed	Number Advised further Test	Number Referred for Advice
Hearing	13,324	9,873	2,821	630

Special Schools and Specialist Clinics

These are the subject of individual reports by Consultants and Medical Officers in charge.

Statistics

The Department of Education and Science Returns are printed in the Appendices.

Medical
Treatment

Minor Ailment Clinics:

407 children attended various clinics throughout the Borough in respect of minor ailments.

Recuperative
Holidays

During 1972, 13 children were recommended for recuperative holidays and were placed by the Chief Education Officer.

Ophthalmic
Clinics

A summary of the attendances at the four clinics serving the Borough is as follows:—

	Number of Sessions	New Cases	Old Cases	Total Attendances	New Spectacles Prescribed
Kenwood Gardens	90	261	626	1,659	346
Mayesbrook	92	262	534	1,640	329
Manford Way	32	37	127	262	35
Wanstead Place	23	39	140	202	49
Totals	237	599	1,427	3,763	759

Dr. P. Lancer — Ophthalmologist at the Mayesbrook Eye Clinic reports : —

The clinic has carried on as in previous years.

The attendance is reasonable and the waiting list is now down to low levels.

Again there are still cases of late referral and amblyopic eyes which one would like to see reduced.

The co-operation between staff at the clinic and hospital has been satisfactory and I wish to thank all concerned.

Dr. J. J. Reilly, Ophthalmologist at Kenwood Gardens Clinic reports as follows: —

The appointments at this clinic are well up to date, the percentage attendance high and there is also good co-operation from both parents and the various members of staff.

Orthoptic Clinics

During 1972 the three Orthoptic Clinics continued giving a satisfactory service.

The following is a summary of the attendances etc. at each clinic.

	No. of Sessions	New Cases Investigated	Total Attendances	Cases Discharged	Cases in Attendance at 31.12.72
Mayesbrook	156	118	229	13	51
Wanstead Place	48	32	217	9	66
Kenwood Gardens	42	70	161	10	54
Totals	246	220	607	32	171

Orthopaedic Clinics

Clinics were held in four areas of the Borough, the Consultants being Mr. R.C. Baird, F.R.C.S., at Kenwood Gardens and Mayesbrook, Mr. J.E. Casaletto, F.R.C.S., at Wanstead Place and Mr. D. Richards, F.R.C.S. at Manford Way.

A summary of the attendances of school children at these clinics is as follows:—

	No. of Sessions	New Cases	Old Cases	Total Attendances
Kenwood Gardens	47	119	228	452
Mayesbrook	24	77	161	333
Manford Way	4	9	11	22
Wanstead Place	11	72	48	146
Totals	86	277	448	953

Mr. R.C. Baird, F.R.C.S., Consultant Orthopaedic Surgeon at Kenwood Gardens and Mayesbrook Clinics reports as follows:—

The type of cases seen at these clinics very probably remains unchanged. I have, however, been impressed by the number of cases relating to gait, and referred as cases of "pigeon toes". In many of these cases the parent, or parents, are extremely worried necessitating

an explanation, and reassurance, that this is a temporary postural deformity and not a physical deformity. To relieve parents of worry makes these clinics extremely well worthwhile.

(I have not met any cases of rickets during the past year, but the very occasional case still exists.)

The odd case of subluxation of the hip joint has been seen, but fortunately such cases are few and far between.

From a general point of view the children attending these clinics are clean, very well cared for, and mostly very well behaved.

Both these clinics are extremely well run on an appointment basis and any parental criticism is non-existent.

I would also like to express my thanks to Mr. A. Peck who attends these clinics as a surgical instrument fitter, and provides a very essential service.

Remedial Exercises and Physiotherapy

The remedial exercises and physiotherapy clinics continued during 1972.

The following is a summary of attendances at all the four clinics held in the Borough.

SUMMARY OF ATTENDANCE OF ALL CHILDREN

	<u>New Cases</u>	<u>Total Attendances</u>
Kenwood Gardens	68	138
Mayesbrook	37	100
Manford Way	3	108
Wanstead Place	25	204
	<u>133</u>	<u>550</u>

Ear, Nose and Throat Clinic

The Ear, Nose and Throat Clinic held at Kenwood Gardens Clinic continued as in previous years under the Consultant, Miss M.M. Mason, F.R.C.S., who reports no change in the running of the clinic.

Details of the sessions held and cases seen are as follows:-

<u>No. of Sessions</u>	<u>New Cases</u>	<u>Old Cases</u>	<u>Total Attendances</u>	<u>Total No. of Audiograms performed at Clinic</u>	<u>Advised Operation</u>
51	196	110	562	427	63

In addition 61 children were referred to the Ear, Nose and Throat Clinic at Wanstead Hospital and seen by Mr. R. T. S. Goodchild, F.R.C.S. and Mr. D. M. Mackinnon, F.R.C.S. Of these 31 were found to require operative treatment.

Speech Therapy

The following Speech Therapists were employed at the end of 1972 at: -

School Clinics, Special and Observation Units, Ethel Davis Physically Handicapped School, Little Heath Educationally Sub-normal School, Hyleford Junior Training School and St. Vincents School.

Mrs. Lawrence	-	Full Time
Miss Osborne	-	Full Time
Mrs. Pretious	-	Full Time
Miss Wells	-	Full Time
Mrs. Tingey	-	6 Sessions
Miss Hood (Mrs. Sutherland)	-	Full Time
Mrs. R. Jacobs	-	4 Sessions (From 10.4.72 - 31.8.72)

The Speech Therapists report on their work as follows: -

Despite the national shortage of speech therapists due mainly to wastage of trained persons from the profession, Redbridge maintained its full establishment throughout the year. This meant that children referred to school clinics received a first appointment very soon after referral and that children in special schools of all categories received the more frequent treatment sessions necessary for their improvement.

In 1972 we experienced the full effect of the government policy of transferring children designated as severely subnormal from the Depart-

ment of Health to the Department of Education and Science. In the past those children at Hyleford Junior Training School received speech therapy, and most therapists saw some very dull young children in the school clinics. This last arrangement was not satisfactory as the children seem to benefit most from frequent short sessions of treatment, which are only possible when the therapist works in the premises where the children receive their education. The every day care of a severely handicapped child is demanding enough for the parent without the extra burden of frequent clinical attendances. Working in school, the therapist knows which children cooked jam tarts, who fell in the paddling pool, who went strawberry picking or who broke the pram. She can then clothe these events into language at a level appropriate to the child's development. Work with the severely subnormal children has expanded rapidly and is now an important part of the speech therapist's work. Nursery classes at Woodman Path and many places at the Woodford Bridge Unit exist for them. I think perhaps we (the speech therapists) were unprepared for the number of children involved. Last year all children needing intensive therapy received it, except the group we have mentioned in previous reports – children who have a specific gross defect or delay in speech and language.

We were all most disappointed to see the sinking without trace of our attempts to establish a class for language disordered children.

The School Dental Service The aims of the school dental service continued to be the same as previous years, viz: –

1. To inspect yearly as many school children as possible either in the schools or at clinics.
2. To treat all who wish to receive treatment through the school dental service.
3. To improve the oral hygiene of children by means of Dental Health Education.

It is with these aims in mind that we hope more children each year will leave school understanding the importance of a healthy mouth with sound teeth as part of a healthy body.

Inspections

Caries in children is often very rapid, this being largely due to the high intake of sugar in the form of sweets consumed. It would, therefore, be ideal for children to be dentally examined every four or six months.

This, however, is not practicable due to shortage of staff and inconvenience it would cause to school routine. This inspection is important because if a child normally attends a private practitioner the parent is informed that treatment is required. It is noticeable at school inspections that a much higher percentage of children are receiving regular dental care than a few years ago. There are, however, many children who only attend a dentist when they have pain and this usually means the loss of teeth. 95% of the school population had an inspection during the year and many received two or three inspections if they were under the care of the clinics.

Dental inspections can also help in monitoring the dental state of children. This could become more important in the future under a unified dental service.

Dental Clinics

In January 1972 the Newbury Park Health Centre came into operation. The Local Authority dental suite comprises one fully equipped surgery, recovery room, mechanics room, dark room and waiting room. A further room could be equipped as a second surgery should work loads require it and staff were available.

I have been very pleased at how the demand for dental treatment at this clinic has built up during the year. This is due I think to the fact that being a Health Centre with many patients attending daily for medical treatment, parents have found it more convenient to make dental appointments for their children whilst in the same building. The dental officer, Miss Barua, has worked hard in building the service.

The following table shows the clinics with dental surgeries, treatment sessions and attendances.

	Number of Surgeries	Attendance	Treatment Sessions
Newbury Park Health Centre	1	1187	194
Kenwood	2	3889	658
Manford	1	1916	254
South Park	1	1546	228
Mayesbrook	2	2958	504
118 Hermon Hill	1	1614	274
Valentines	2	2226	335
	10	15,336	2,447

Valentines and Hermon Hill Clinics are adapted premises and are far from ideal. It is hoped to close them when the Woodford Clinic is completed.

Staffing

The number of dental officers employed on school dental service improved slightly during the year. At the end of 1971 the F.T.E. dental officers including myself were 5.4 and in 1972 it was 5.8. In addition a dental auxiliary working under supervision of a senior dental officer, Mr. Wilson, continued at Kenwood Clinic.

The staffing position could, however, become very critical in the near future. It is almost impossible to get dentists willing to work in the school dental service. I am sure there are several reasons for this recruitment problem but the main point is the low salary for the young dental surgeon leaving hospital compared to the general dental service remuneration.

Equipment

The yearly progressive replacement of old or out of date equipment continued. It is only by this method that a good general standard can be maintained. Low seated dentistry where the dentist is sitting down must be considered when new units and chairs are brought because this is another factor in the recruitment of staff.

Dental Health Education

Dental health education, the same as all health education, is a very complex procedure. I am sure nearly all school children know what they should do about cleaning their teeth but to motivate them to change bad habits for good habits is a difficult task. Perhaps the most satisfactory dental health education is in the surgeries where a one to one ratio occurs, one patient to one dental health educator (dentist, auxiliary or dental surgery assistant). All staff in dental clinics endeavour to improve the dental condition through more sensible feeding habits and oral hygiene of their patients.

The Health Education Officer and staff continued as part of health education, talks given in school to promote dental health. I am grateful they realise the importance of dental health in relation to general health.

I would like to thank all doctors, health visitors and clinic nurses for their help in referring children whom they consider require dental treatment.

Some head teachers are trying to limit the scale of sticky sweets in school tuck shops. I wish more would realise the harm such sweets can cause when eaten before school or play time so leaving sticky sugar on the teeth for several hours at a time.

The rise of dental decay and the increase of sugar consumed over the past is almost identical, which is a strong indication that sugar is the main cause of dental caries.

Fluoridation

The value of fluoride in the prevention of dental decay has been known for many years. A very small intake of this substance into the body will reduce caries by over 50%. It has been proved perfectly safe so long as the correct amount is used. It may be used in several ways namely – topical application on the teeth, tablet form, diluted in liquid foods or water fluoridation. It is generally agreed that the latter is the only really satisfactory way. I.P.P.M. would reduce dental decay within a few years. The other methods although doing some good are dependent on child and parent co-operation and in the case of topical applications which have to be repeated every few months, very time consuming if mass medication of all school children is considered. A large staff would be required, and benefits obtained less than half those obtained by water fluoridation.

The Ethel Davis School

Dr. W. H. Toms reports : —

This year saw the departure for similar work in Exeter of Mr. Brand, Superintendent Physiotherapist since 1950. His contribution to the school as a whole has been considerable and he is greatly missed. Mrs. Hearn was promoted to his post of Superintendent Physiotherapist and is showing organisation skills matching her professional abilities.

Dr. Molly Painter continues to visit the school on Fridays to advise on children with neurological problems. The regular clinic is most helpful to therapist and educational staff alike.

Good liaison has been maintained with local hospitals and those in London. We are particularly grateful to the consultant staff of Great Ormond Street for the interest they take in their patients who attend the Ethel Davis School and the facilities for consultation so willingly given at the Ethel Davis Clinic held at Great Ormond Street regularly.

There is permanent pressure on the lower end of the school for places for children suffering from spina bifida and it may well be necessary to provide extra accommodation at the school.

All the children at the Ethel Davis School have substantial handicap and it still remains firm medical policy to send children to ordinary school whenever possible.

During 1972 13 children were admitted suffering from the following handicaps : —

Cerebral palsy/partial hearing	1
Chronic spinal muscular atrophy	1
Glycogen storage disease	1
Hemiplegia	1
Kyphoscoliosis/hearing defect	1
Pulmonary stenosis/recurrent chest infections	1
Osteogenesis imperfecta	1
Partially sighted/partially hearing	1
Perthes osteochondritis/sickle cell disease	1
Spina bifida/hydrocephalus... ..	2
Spina bifida/hydrocephalus/CD hips	1
Spina bifida/hydrocephalus/talipes	1

Child Guidance Clinic

There have been changes in staffing during the year. The clinic establishment for psychiatric social workers has now increased from four to five. Miss Deane joined the clinic in January 1973 after working for several years as a psychiatric social worker in community work and in child guidance in Northern Ireland. Mrs. Benjamin has been appointed head social worker. Miss Ballantine who has completed several years training and supervision at the Institute of Group Analysis was appointed a part time psychotherapist to work two sessions a week with small groups of disturbed children and adolescents. She had already worked in this Clinic for a number of years as a remedial teacher and is continuing to do this work. Miss Watt who had previously worked for many years as a psychologist in the borough is continuing her training in child psychotherapy at the Tavistock Clinic and has taken on three sessions with us as a child therapist seeing individual children regularly for treatment. She has also been appointed as part time psychologist to the Middlesex Hospital in the Department of Child Psychiatry. Miss Oclander who is also training in child psychotherapy at the Tavistock Clinic has been doing two sessions a week with us during the year. This represents a new development in the work of the clinic which has established a connection with the Tavistock Clinic for placement of its trainee therapists who receive supervision both at this Clinic and at their training centre. We are also pleased to note that members of our staff have continued the tradition of seeking advanced professional training particularly in psychotherapeutic work both in the field of groups or individual therapy.

These developments have enabled the clinic to maintain a high standard of treatment to an increasing number of emotionally disturbed children and their families. The clinic is particularly fortunate in this way as so many clinics throughout the country have been experiencing difficulties in providing the basic elements of an adequate treatment service. A vital factor in maintaining satisfactory service is also the continuity of relationships which depends on the fact that the staff remain in the centre for an appreciable length of time. Many of our staff have been working here for a considerable number of years. Several members of the staff have continued to hold parents' groups and have taken part in therapeutic and play groups for children.

The clinic is being increasingly used as a field placement for students undergoing professional training in social work, remedial teaching for maladjusted children and as psychologists.

We have continued throughout the year to offer a consultative service to the staff of the maladjusted day school (Treeside), as well as to professional workers, teachers etc., concerned with children in other special educational centres.

These activities involve a great deal of pressure on the staff of the clinic which is very challenging and rewarding and we do look forward to the development of the new maladjusted day school with its own psychiatric team during the next year as a means of relieving this pressure to some extent.

School
Psychological
Service

For the year's work during 1972, Miss S.V. Gascoyne, and Mr. R. Azam, Educational Psychologists, report as follows:—

Transfer of Severely Subnormal Children

The Education Act 1970 became effective from the 1st April 1971 when the responsibility for all severely sub-normal children passed on to Education from Health. This meant additional work for the School Psychological Service as there were about 120 children attending the Hyleford Special School (previously called Hyelford Training Centre), and this number included the multiply handicapped children in the Special Care Unit as well. Following this transfer the three psychologists divided the area of their responsibility for the time being, as follows:—

This year Miss Watt left the service after 13 years and we were very sorry to see her go but she has been welcomed back to the clinic to take up some therapy sessions. In the time she was with us many changes came about as more units and special schools were set up and therefore more provision was available for children with difficulties requiring some extra help. In the first year she came we were deep in plans for setting up a first class for maladjusted children which was held in a church hall so that mourners at funerals often had a row of fascinated spectators sitting on the wall.

The Observation Unit came next. This started in a normal school and was the subject of envy as the teacher was allowed to have a sink installed in the classroom which had to serve for every activity. The Van driver who brought in the dinner tins got incorporated in the class for a short stint each day and when the psychologists visited they were politely directed to "your mad children."

All this time the Remedial Centre had been coping with their children and finally after the opportune move of Becontree Secondary School to the new Gilbert Miles School they got their own place. Among the various categories of children placed there a most successful class was set up for a very small group of autistic and psychotic children who were able to complete their full education within the school system. There have been no such children of senior school age for a few years but now another class has been set up to help children who need very special attention and help to complete their school career in a senior class in a day education setting.

The latest Special Unit to be set up was at Woodford Bridge where the experiment has been made of combining the two categories of severely subnormal and educationally subnormal children under the same roof. This last year was unexpectedly eventful for them as foxes and fire forced them to move twice. In spite of these upheavals, the teachers in co-operation with the psychologists, continue their work to assess the limitations and exploit the strengths of the children placed at the unit. The unit, so far, has served many extremely useful purposes:

- (i) It has provided quicker places for children ready to leave Woodman Path Unit after an initial period of observation and assessment.
- (ii) In many cases it has been possible to continue the extensive individual work and care needed to prepare these children for transfer to either Little Heath or Hyleford Special Schools.

It is hoped that in the new planned school for educationally subnormal children greater thought would be given to cater for children suffering from multiple handicap, not only in terms of better pupil-teacher ratio but also in terms of adequate provisions of specialists services.

This seems an opportune time to reminisce as units are expanding into schools and a Remedial Adviser is to be appointed to take on the ever present reading difficulties which should release the psychologists to help with other problems which arise in school which they barely have time go glance at now.

1972 – 1973

New cases	...	...	...	...	...	377
Follow up for schools	...	...	...	...	...	230
Remedial Education	...	...	...	...	...	82
Child referred to C.G.C.	...	...	...	...	...	32
Treatment cases	...	...	...	...	...	27

Enuresis Clinics

Dr. Joan M. Pooley, Principal Medical Officer, reports as follows:—

During the 12 months ended 31st December 1972 the Enuresis Clinics have been held weekly at the Kenwood Gardens Centre and fortnightly or monthly according to demand at the Mayesbrook Centre.

There has been a further increase in the number of new cases referred and as in the past, particular attention has been given in all cases to early and continued liaison with the patient's general practitioner.

The value of an enuresis clinic has become increasingly obvious over the years. The recognition of enuresis as a symptom of the enuretic syndrome, in which anxiety almost invariably plays a part, is of fundamental importance.

The role of anxiety as a common factor has been more fully discussed in a recently completed survey carried out on children who attended the Kenwood Gardens Centre during the four years 1969-1972 inclusive. The conclusions reached show beyond doubt that anxiety is a primary etiological factor in secondary enuresis and a resultant secondary factor in primary enuresis.

Anxiety	...	...	...	...	...	Secondary Enuresis
Primary Enuresis	...	...	...	...	...	Anxiety

From this basic understanding a more logical therapeutic approach is established.

The clinics in the Borough have developed and expanded, not only in the treatment and follow-up of enuresis however this may present, but have also been the means of bringing to light previously unrecognised emotional and behaviour problems of the child in relation to its family or school situation. This approach and follow-up can often reduce the need for child guidance investigation and treatment, a service which is already overloaded. A valuable liaison link has been established between these two services.

The following is a brief survey of the cases seen during 1972 at the 2 enuresis clinics in Redbridge:-

	Kenwood Gardens Clinic	Mayesbrook Clinic	Total
I. <u>Sessions held</u>	44	24	68
II. <u>Total attendances</u> –			
<u>Age:</u> Over 5 years	436	122	558
Under 5 years	101	41	142
	537	163	700
III. <u>New cases</u>			
<u>Age:</u> Over 5 years	59	41	100
Under 5 years	39	14	53
	98	55	153

IV. Analysis of source of recommendation
of new cases.

Age: –

Recommended by:

1. Child Welfare Medical Officers
2. School Medical Officers
3. General Practitioners
4. Parents
5. Health Visitors
6. Transfers into area
7. Hospitals and Consultant Clinics
8. Social Workers

5 years and over		Under 5 years		Total
Boys	Girls	Boys	Girls	
–	–	27	14	41
45	37	–	–	82
6	4	7	1	18
1	–	–	2	3
1	1	1	1	4
–	–	–	–	–
2	2	–	–	4
1	–	–	–	1
56	44	35	18	153

V. Analysis of treatment and results of all cases treated at Kenwood Gardens Centre only, during the year 1972:

In all cases a full history was taken which included discussion with both child and parent concerning the enuretic problem and its relevant factors. Urinalysis and physical examination were then completed and the treatment selected accordingly.

TABLE 1. Results at end of 4 weeks treatment.

Type of Treatment	Amitriptyline (10-25mgms)	Imipramine (10-25mgms)	Limbitrol - 5 = chlordiazepoxide 5mgm + Amitriptyline 12.5 mgm	Buzzer	Chart and Routine only	Total
Number of children treated	70	115	11	42	40	278
<u>Marked Improvement</u> (i.e. less than 5 wet in 28 nights)	22 =31.4%	61 = 53.0%	8 =72.7%	23 =54.8%	21 =52.5%	135
<u>Moderate Improvement</u> (i.e. 14 dry in 28 nights)	5 = 7.2%	7 = 6.1%	2 = 18.2%	3 = 7.1%	1 = 2.5%	18
Total Improvement in 4 weeks	27 =38.6%	68 =59.1%	10 = 90.9%	26 =61.9%	22 = 55.0%	153
Little or no effect	20 +	26 +	+	2 +	7 +	55
Still being treated - not yet assessed	23 =61.4%	21 =40.9%	1 = 9.1%	14 =38.1%	11 = 45.0%	70
TOTAL	70	115	11	42	40	278

TABLE 2. Results at end of 12 months

Type of Treatment	Amitriptyline	Imipramine	Limbitrol-5	Buzzer	Chart and Routine only	Total
Number of children treated	70	115	11	42	40	278
Completely dry in 3 months or less	3	9	—	8	6	26
Completely dry in 3 — 6 months	2	12	—	6	1	21
Completely dry in 6 — 12 months	3	9	4	2	1	19
Self-discharged and dry	14	30	1	5	4	54
Dry in 12 months or less	22 = 31.4%	60 = 52.2%	5 = 45.5%	21 = 50.0%	12 = 30%	120
Still being followed up, transferred to other treatment or discharged after non-attendance	48 = 68.6%	55 = 47.8%	6 = 55.5%	21 = 50.0%	28 = 70.0%	158
TOTAL	70	115	11	42	40	278

Cases who have shown little or no response to one type of treatment have been re-assessed under the appropriate alternative treatment given.

CONCLUSION

A comparison of Tables 1 and 2 shows that in all types of treatment there was a higher improvement rate after four weeks than the complete success rate at the end of 1972. By the year end success rates of 50% or more were shown for cases treated with Imipramine and the Enuresis Alarm. Improvement in cases treated with Amitriptyline often tended to be slower than in those treated with Imipramine. However, it has usually proved necessary to continue the administration of Imipramine for a longer period than the Amitriptyline to avoid relapse, and ultimately very gradual weaning from this preparation was always necessary.

The improvement rate in cases treated with Limbitrol-5 and the Enuresis Alarm is of interest. With few exceptions these children had already been tried with, and failed, on either Amitriptyline or Imipramine. Therefore they can be regarded as the more difficult or resistant cases and the success rate as more significant.

The value of particular care in case/treatment selection is emphasised.

VI. TOTAL CASES DISCHARGED DRY (Both Clinics)

<u>YEAR:</u>	1972	1971	1970	1969
No. of cases (old and new patients)	99	88	74	59

Appreciation is due both to the nursing and the administrative staff for their care and assistance which has done much to ensure the continuing success and smooth running of a large clinic, and for the work involved in following up the increasing number of new cases.

VII. APPOINTMENT ANALYSIS (both clinics):-

Recommended by —	<u>Under 5 years</u>		<u>Over 5 years</u>	
	Boys	Girls	Boys	Girls
1. Child Welfare Medical Officers	27	14	—	—
2. School Medical Officers ...	—	—	45	37
3. General Practitioners	7	1	6	4
4. Parents	—	2	1	—
5. Health Visitors	1	1	1	1
6. Transfer into area	—	—	—	—
7. Social Worker	—	—	1	—
8. Hospitals	—	—	—	2
9. E.N.T. Consultant	—	—	1	—
10. Child Guidance Clinic	—	—	1	—
	35	18	56	44

Total new cases — 153

Total Attendances:- (Old and New Cases)	<u>Kenwood Gardens Clinic</u>	537
	<u>Mayesbrook Clinic</u>	163
	Total	<u>700</u>

VIII. TREATMENT

The Management and treatment of the enuretic child must vary with each individual and must take into account the family, home and school situations.

If recognition is given to the existence of ANXIETY AS A COMMON FACTOR in all cases of enuresis whether primary or secondary in type, then a more logical therapeutic approach is apparent.

That anxiety is present is usually obvious, being resultant in primary enuresis and commonly aetiological in the secondary type of Enuretic Syndrome.

Having taken a full general and specific history, emphasis is once again given to the importance of the instigation of a routine and charting system for each child individually – mainly through discussion directly with the child.

Once the child's interest and co-operation is obtained, it is invariably evident that the parents' attitude has changed from concern or frustration, to one of interest and support. Treatment by drugs alone is never so effective.

Types of Treatment used at Kenwood Gardens Clinic

1. Amitriptyline ... 10 – 25 mgms as syrup or tablet
2. Imipramine ... 10 – 25 mgms as syrup or tablet
3. Limbitrol-5 capsules a combination of amitriptyline 12.5 mgms + chlordiazepodide 5 mgms.
4. The "Bed-Buzzer" (Enuresis-alarm) 36 buzzers are in use and another 10 are to be purchased for 1973.
5. Chart and Routine only.

The type of treatment used and the time of administration is varied according to age, disposition and emotional make-up of the child and to the type of enuretic syndrome concerned.

IX. ANALYSIS OF RESULTS OF ALL CASES TREATED AT KENWOOD GARDENS CLINIC DURING 1972

Results at end of 4 weeks:-

TABLE 1.

Type of Treatment:	Amitriptyline	Imipramine	Limbitrol-5	Buzzer	Chart and Routine only
Number of children treated:	70	115	11	42	40
<u>Marked improvement</u> (i.e. less than 5 (a) wet in 28 nights)	22 = 39.3%	61 = 39%	8 = 57.7%	23 = 49.1%	21 = 55.6%
<u>Improvement = moderate</u> (i.e. 14 dry in 28 (b) nights)	5 = 17.8%	7 = 21.1%	2 = 19%	3 = 13.2%	1 = 5.6%
Total – improved in 4 weeks (a + b)	57.1%	60.1%	76.7%	63.3%	61.2%
Little or no effect	20 42.9%	26 39.9%	— 23.3%	2 37.7%	7 39.8%
Still being treated (not yet assessed)	23	21	1	14	11
TOTALS:	70	115	11	42	40

Results of treatment at end of 12 months:-

TABLE 2.

Type of Treatment:	Amitriptyline	Imipramine	Limbitrol-5	Buzzer	Chart and Routine only
Number of children treated:	70	115	11	42	40
Completely dry in 3 months or less	3	9	--	8	6
Completely dry in 6 months or less	2	12	--	6	1
Completely dry in 12 months or less	3	9	4	2	1
Self discharged and dry	14	30	1	5	4
% Dry in 1 year or less:	22 = 30.4%	60 = 30.1%	5 = 46.2%	21 = 43.4%	12 = 39%
Completely dry in longer time than 12 months	--	--	--	--	--
Still being followed up	48 = 69.6%	55 = 69.9%	6 = 53.8%	21 = 56.6%	28 = 61%
Treated Cases	70	115	11	42	40

Mayesbrook Enuresis Clinic – Dr. M. R. DasGupta reports: –

“This year as the demand for the attendance at this clinic was far greater than in previous years, a fortnightly clinic was held in contrast to the monthly clinic in previous years. Extra sessions had to be held in an attempt to cut down the waiting list.

In view of the short period of existence compared with the clinic at Kenwood Gardens the outcome is very gratifying.

The general pattern and underlying pathology is nearly uniform. A carefully taken history and time given to the mothers to relax and develop confidence in the physician brings out the internal story of conflict in the family which is partially responsible for the child's conflict with himself resulting in his conditions.

I am not a great exponent of treatment by medication. The majority of children, however, had medication from their G.P. prior to their attendance at the clinic. Although I have tried medication at times the results were as disappointing as any other methods. I have attempted mostly trying to develop confidence in the child and invoke the mother's ability to create the confidence and a sense of mother-child relationship in helping each other.

The overall attendance and result of the clinic were very satisfying and I feel these can be improved in future. The clinic appointments and management were controlled this year from the clinic itself decentralising it from the Central Office and I found that this worked out much better.

In conclusion I have also felt that there is a subtle demand and need for a young people's or adolescent welfare clinic. Although our notions of welfare and human behaviour are still valid for us they differ from the standards of today's youth. To understand the young and to help them, we must be of open mind and heart in extending our helping hand.”

Peripatetic
Teachers
for Partially
Hearing
Children

The peripatetic work with partially hearing children has continued with the same team of teachers of the deaf, the Senior Teacher, Miss Hodges, with two assistants, Mrs. B. Savage and Mrs. J. Carney. Our pupils have been those school-age children with hearing losses who do not require special educational treatment in schools for the deaf, and pre-school age children with any degree of deafness. Pupils' ages this year have ranged from one to sixteen years and the majority of pupils have been visited weekly.

Each pupil has received individual attention, his treatment being decided according to his particular needs or problems, social or academic. Work has been carried out in private homes, day nurseries, primary, secondary and special schools, and we have been responsible for auditory training, the teaching of speech, language and general subjects, parent guidance, advisory work with class teachers and the supervision of the use of hearing aids. Each teacher has dealt independently with her own caseload, Miss Hodges and Mrs. Carney responsible for pre-school cases.

At present there are 47 children with hearing aids on our register — 10 at pre-school age, 18 are in primary schools, 15 in secondary schools and 4 in special schools, and during the year 1,304 visits have been made to the children, their parents and teachers.

This year 7 children have been recommended for placement in partially hearing units and schools for the deaf. A 3 year old girl was admitted to the Newham School for the Deaf and a physically handicapped 3 year old was admitted to the Woodford Deaf School. Three children were admitted to the nursery departments of partially hearing units outside the Borough. Two partially hearing pupils have removed from the Borough and have been referred for supervision to the peripatetic teachers in their new areas.

Deafness has been diagnosed in 6 pre-school children, in 2 children in primary schools and in 3 senior children and these children are now using hearing aids.

Handicapped Children

The number of children coming within the various categories and their disposition as at 31st December, 1972 is shown in the table at the end (Appendix 17) .

B.C.G. Vaccination of School Children

This scheme is offered to all pupils of 13 years attending maintained and independent schools. In addition, those previously invited who did not accept are given a further opportunity to participate.

2,986 pupils were offered B.C.G. vaccination and of this number 2,296 or 83% consented. 1,721 or 75% received vaccination.

Chiropody

During the year 155 school children were referred to the clinics for treatment (mostly for Verrucae) and many parents were advised regarding suitable shoes for their children.

Causes of Death

The causes of death among children of school age resident in Red-bridge during 1972 were: —

Pneumonia following influenza	1
Bronchopneumonia and asthmatic emphysema	1
Intra-cerebral haemorrhage	1
Viral encephalitis	1
Road accident	1
Murder	1
	<u>6</u>

DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1972.

Part 1 – Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A. – PERIODIC MEDICAL INSPECTIONS

Age groups Inspected (By year of birth)	No. of pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part 11	Total individual pupils
(1)	(2)	No.	No.	(5)	(6)	(7)
1968 and later	481	479	2	9	82	78
1967	2,300	2,297	3	50	370	382
1966	880	878	2	31	129	138
1965	193	191	2	8	32	32
1964	105	105	—	11	26	28
1963	96	96	—	12	8	17
1962	105	103	2	4	24	25
1961	90	89	1	5	18	19
1960	1,446	1,443	3	98	158	234
1959	863	858	5	64	89	147
1958	158	158	—	13	10	23
1957 and earlier	2,152	2,152	—	76	105	166
TOTALS	8,869	8,849	20	375	1,051	1,289

Col. (3) total as a percentage of Col. (2) total – 99.77%

Col. (4) total as a percentage of Col. (2) total – 0.23%

APPENDIX 14 (continued)

TABLE B. – OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	824
Number of Re-inspections	...	...	...	348
Total	...	...	...	<u>1,172</u>

TABLE C. – INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

This return relates to individual pupils and not to instances of infestation.

(i) Total number of pupils examined in the schools by school nurses or other authorised persons	...	...	...	...	...	...	31,751
(ii) Total number of individual pupils found to be infested	...	...	...	...	...	...	164
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	...	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	...	—

APPENDIX 14 (continued)

Part II – Defects Found by Periodic and Special Medical Inspections
during the Year

Defect or Disease	Number of Defects Requiring Treatment		Number of Defects Requiring Observation but not Treatment	
	Periodic Inspection	Special Inspection	Periodic Inspection	Special Inspection
Skin	167	1	328	—
Eyes — a. Vision ...	388	17	508	84
b. Squint ...	76	—	80	—
c. Other ...	16	—	32	4
Ears — a. Hearing ...	40	124	181	141
b. Otitis Media ...	18	3	51	2
c. Other ...	13	15	40	4
Nose or Throat	113	11	373	2
Speech	136	22	187	2
Lymphatic Glands ...	13	—	282	—
Heart and Circulation	8	—	145	1
Lungs	38	1	201	—
Development —				
a. Hernia ...	18	—	51	—
b. Other ...	49	3	246	2
Orthopaedic —				
a. Posture ...	12	—	96	—
b. Feet ...	78	1	247	—
c. Other ...	51	1	165	—
Nervous System —				
a. Epilepsy ...	23	—	54	—
b. Other ...	5	—	88	4
Psychological —				
a. Development	7	34	320	3
b. Stability ...	13	21	357	5
Abdomen	14	—	55	—
Other	139	104	367	86

APPENDIX 14 (continued)

Part III – Treatment of Pupils attending maintained Primary and Secondary Schools
(including Nursery and Special Schools)

- NOTES: (i) Cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A. – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	—
Errors of refraction (including squint)	1,782
Total	1,782
Number of pupils for whom spectacles were prescribed	671

TABLE B. – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
a. for diseases of the ear	15
b. for adenoids and chronic tonsillitis	74
c. for other nose and throat conditions	—
Received other forms of treatment	240
Total	329
Total number of pupils in schools who are known to have been provided with hearing aids –	
a. In 1972	34
b. In previous years	117

APPENDIX 14 (continued)

TABLE C. — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
a. Pupils treated at clinics or out-patient departments	510
b. Pupils treated at school for postural defects	—
Total	510

TABLE D. — DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm — a. Scalp	6
— b. Body	—
Scabies	—
Impetigo	—
Other skin diseases	161
Total	167

TABLE E. — CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	257

APPENDIX 14 (continued)

TABLE F. – SPEECH THERAPY

	Number known to have been treated
Pupils treated by Speech Therapists	430

TABLE G. – OTHER TREATMENT GIVEN

	Number known to have been dealt with
a. Pupils with minor ailments	267
b. Pupils who received convalescent treatment under School Health Service arrangements	13
c. Pupils who received B.C.G. vaccination	1,788
d. Pupils who attended the Enuresis Clinic	228
Total	2,296

DENTAL INSPECTION AND TREATMENT

Attendances and Treatment

Number of first visits	5,514
Number of subsequent visits	9,802
Number of total visits	15,316
Number of additional courses of treatment commenced	1,105
Number of fillings in permanent teeth..	10,731
Number of fillings in deciduous teeth	6,951
Number of permanent teeth filled	9,045
Number of deciduous teeth filled	6,319
Number of permanent teeth extracted... ..	331
Number of deciduous teeth extracted... ..	1,850
Number of extractions under general anaesthetics	402
Number of emergencies treated	304
Number of pupils x-rayed	290
Number of pupils who received prophylaxis	3,088
Number of teeth otherwise conserved	370
Number of teeth root filled	63
Number of inlays	—
Number of crowns	10
Number of courses of treatment completed	5,324

Orthodontics

Number of new cases commenced during year	87
Number of cases completed during the year	62
Number of cases discontinued during the year... ..	5
Number of removable appliances fitted	121
Number of fixed appliances fitted	2
Number of pupils referred to Hospital Consultants	2

Dentures

Pupils supplied with Full upper or Full lower (first time)	—
Pupils supplied with other dentures (first time)	4
Number of dentures supplied	4

APPENDIX 15 (continued)

Anaesthetics

Number of General Anaesthetics administered —

Inspections

(a) First inspection at school -

[illegible]

(b) First inspection at clinic -

[illegible]

Number of (a) and (b) found to require treatment	16,743
--	--------	--------

[illegible]

Number of (c) found to require treatment	1,181
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Sessions

Number of sessions devoted to treatment... ..	2,839
---	-------

[illegible]

Number of sessions devoted to Dental Health Education	20
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SCHOOL HEALTH SERVICE: STAFF AND SCHOOL CLINICS

(As at 31st December, 1972)

1. STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer — F.W. Murphy

Deputy Principal School Medical Officer — J.K. Anand

Principal School Dental Officer — E.V. Haigh

	Number of Officers	Number in terms of full-time Officers employed
(a) Medical Officers (including the Principal School Medical Officer) —		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health Service and Local Health Service ...	8	3.0
(iii) General Practitioners working part-time in the School Health Service	4	0.4
(iv) Ophthalmic Specialists	—	—
(v) Other Consultants and Specialists	—	—
(b) Dental Officers (including the Principal School Dental Officer) —		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health Service and Local Health Service (including Orthodontists and Dental Auxiliary)	6	5.5
(iii) Part-time School Health Service (including Orthodontists) ...	4	1.4
(iv) Dental surgery assistants	9	7.8
(c) (i) Senior Speech Therapists	1	1
(ii) Speech Therapists	5	5
(iii) Assistant Speech Therapists	—	—
(d) (i) Audiometricians	—	—
(ii) Chiropodists (5 Full-time plus 5 Contractual)	10	0.75
(iii) Orthopaedic Nurses	—	—
(iv) Orthoptists	—	—
(v) Physiotherapists	3	2.2
(vi) Remedial Gymnasts	—	—
(vii) Occupational Therapists	2	2.0
(viii) Clinical Technicians employed on audiometry and vision screening	3	2.0
(e) (i) Nurses (including Director of Nursing Services and Nursing Officers)	55	14.8
(ii) Number included at (i) who hold Health Visitors Certificates	39	7.3
(iii) Nursing Assistants and Trainee Nurses	—	—

APPENDIX 16 (continued)

II. – NUMBER OF SCHOOL CLINICS (i.e. premises at which clinics are held for school-children) provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 13

III. – TYPE OF EXAMINATION AND/OR TREATMENT provided at the School Clinics returned in Section II.

<u>Examination and/or Treatment</u>	<u>Number of Clinics</u>
Minor ailment and other non-specialist examination or treatment	7
Audiometry	1
Chiropody	9
Dental	7
Ear, Nose and Throat	1
Enuretic	2
Ophthalmic	4
Orthoptic	3
Orthopaedic	4
Physiotherapy and remedial exercises	5
Speech Therapy	8
School Medical Officers special examination	8
Vaccination and Immunisation	10
Cerebral Palsy Unit	1

APPENDIX 16 (continued)

IV. — CHILD GUIDANCE CLINICS

Number of Child Guidance Centres provided by the Authority — 1.

Staff	Number employed		Aggregate in terms of the equivalent number of whole-time officers
	by L.E.A.	Under arrangements with Hospital Authorities	
(i) Psychiatrists	—	2	.8
(ii) Educational Psychologists	3	1.5	1.5
(iii) Psychiatric Social Workers	5	—	5.0
(iv) Child Psychotherapists	4	—	2.0
(v) Remedial Teacher	2	—	2.0

HANDICAPPED CHILDREN

CATEGORY	Number of children of school age formally ascertained as handicapped pupils and requiring special educational treatment (S.E.T.)													
	Attending day special school	Awaiting placement in day special school	Attending residential special school	Awaiting placement in residential special school	Attending boarding homes	Awaiting placement in boarding homes	Attending independent schools	Awaiting placement in independent schools	Attending hospital schools	Awaiting placement in hospital schools	Receiving Education in hospital under Section 56	Receiving home tuition under Section 56	Awaiting home tuition under Section 56	Total Number of children of school age requiring S.E.T.
Blind	—	—	4	1	—	—	—	—	—	—	—	1	—	6
Partially Sighted	12	1	2	—	—	—	—	—	—	—	—	—	—	15
Deaf	9	2	1	—	—	—	17	—	—	—	—	—	—	29
Partially Deaf	6	1	4	—	—	—	6	—	—	—	—	—	—	17
Delicate	—	—	6	—	—	—	2	—	—	—	—	—	—	8
Physically Handicapped	59	1	12	2	—	—	1	—	1	—	—	—	—	76
E.S.N.	287	12	14	2	7	—	8	—	35	—	—	2	—	367
Maladjusted	19	—	18	5	2	—	22	—	—	—	—	2	—	68
Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech Defect	—	—	2	—	—	—	—	—	—	—	—	—	—	2
TOTALS	392	17	63	10	9	—	56	—	36	—	—	5	—	588

PSYCHIATRIC ADVISORY SERVICE

REPORT OF THE PSYCHIATRIC ADVISER TO HEALTH AND SOCIAL SERVICES DEPARTMENTS

(C.H.A. Wedeles)

This has been a period of essentially routine activities, providing advice, consultations, etc. for staffs of residential establishments, area team social workers, and on staff health matters, coupled with some teaching of a more systematic manner, on behalf of area teams and the Training Officer.

The development of procedures for selection, assessment, and widening the scope of activities and sources of intake at the Oakside Rehabilitation Centre, has absorbed a good deal of time and thought, and is showing signs of bearing fruit. The development of this centre is, inevitably, a slow process, as it's task is complex and difficult, in the present state of general lack of integration of rehabilitation machinery between different Authorities, and other interested parties. Much hard work remains to be done to forge better links and understanding.

A high percentage of my time is taken up by work in the child-care field, as it is here that the greatest strains are borne by staff, and the most complex and demanding problems of assessment, planning and place-finding arise. Work in this area has increased further since the beginning of May, when regular meetings with the staff of the new Rush Hall school for maladjusted children were commenced.

ENVIRONMENTAL HEALTH

FOOD CONTROL

POLLUTION OF THE ENVIRONMENT

HOUSING

ERADICATION AND CONTROL OF PESTS

PUBLIC CONTROL,
LICENSING, REGISTRATION AND ALLIED MATTERS

SANITATION

ENVIRONMENTAL HEALTH

(E.W. Ward, Chief Public Health Inspector)

FOOD CONTROL

Food Inspection

One of the effects of Britain's entry into E.E.C. has been the general increase in the flow of containers from the ports with foodstuffs which have to be inspected at premises within the Borough. The staff have been increasing their inspection of a wide variety of foodstuffs imported into the country without any preliminary inspection in the docks. This method of transporting foodstuffs is becoming very popular and it is anticipated that we shall have to pay more attention to sampling and close scrutiny of the contents of the containers in the future. The Port Health Authorities are required to notify inland authorities when containers are despatched to the latter, but we frequently receive the notifications after the event. It is evident that we shall have to improve our methods of communication so that we can be available to inspect the commodities immediately they arrive at the unloading points.

During 1972 the Food Standards Committee produced a report on the date marking of foodstuffs. Health Inspectors contributed much of the evidence relating to the sale of stale food which led to public demand for an inquiry. The evidence was published by the Food Standards Committee which recommended that highly perishable foods should be marked with a conspicuous "sell by" date. During 1972 we received a considerable number of complaints of unsound food which had been offered for sale after the manufacturers' recommended final date. Some retailers do not understand the complicated codes used by manufacturers and would welcome an open date such as is stamped on some brands of bacon, sausages and cream. The Minister of Agriculture, Fisheries and Food is examining the many aspects of the Committee's report together with further recommendations on the temperature control of foodstuffs.

The Department dealt with a number of cases of suspected food poisoning and in consequence were involved in assessing a number of factors which allow contamination of food to occur. The problem of food being prepared in grossly insanitary premises is dealt with later in this report, but it must be emphasised that cross contamination of food poi-

soning organisms from raw to cooked foods, failure to control the temperatures of food during its period of storage awaiting consumption, failure to carry out proper cleansing of equipment and surfaces in contact with food and the low standard of cleanliness of some food handlers are major contributory factors in the spread of food poisoning. Some of these conditions can unfortunately occur in modern and apparently clean premises as well as in dirty and insanitary premises.

The sampling of foodstuffs for chemical analysis and bacteriological examination helps the inspectorate to identify problems requiring further investigation. The compositional quality of some foodstuffs leaves much to be desired; it is possible for example to have very small amounts of certain foodstuffs in a container and yet have no indication on the label to the effect that the bulk of the contents are made up of material other than that claimed. Pilchards in tomato sauce which on analysis show only 12% tomato sauce are a case in point – there are many others and the public are clearly not aware what they are buying.

There are many aspects of food inspection and food hygiene which received scant attention during the year principally due to shortage of staff and financial restrictions on the purchase, examination and analysis of foodstuffs.

During 1972 3 tons 19 cwts 93 lbs of unsound food were voluntarily surrendered to the Department as unfit for human consumption thus obviating the need for legal proceedings.

Food and Drugs Act 1955 – Food Hygiene Regulations Closure of insanitary food premises and stalls

A question was raised in Parliament on the 1st February, 1972 by M^{rs}. Joyce Butler, M.P., who asked the Secretary of State for Social Services if he would seek powers to enable public health inspectors to take proceedings to ensure the closure of restaurants which were found to be dirty or unhygienic.

The Minister's representative replied – "No. Restaurants and other catering premises are subject to the comprehensive requirements of the Food Hygiene Regulations. Local authorities have the power to take proceedings against a person and to seek a heavy penalty for each offence if, in their view, he has failed to comply with any of the requirements of the regulations. In addition the Food and Drugs Act empowers local authorities to ask the Courts to disqualify a caterer who is convicted

of a breach of the Food Hygiene Regulations. These provisions already provide local authorities with adequate powers to deal with any catering premises that their public health inspectors may find to be dirty or unhygienic".

Unfortunately the long delays which usually occur between the health inspector visiting and reporting upon grossly insanitary food preparing premises and the cases being heard in the Magistrates Court render the powers inadequate. The following cases illustrate the problem:-

"On the 1st September, 1971 following many previous visits and warnings an Inspector visited a restaurant and noted innumerable serious contraventions of the Food Hygiene Regulations. The case was heard at Stratford Magistrates Court on the 14th March, 1972 when the proprietor was fined for a number of offences and disqualified from carrying on the food business for a period of three months. The health inspector for the district is of the opinion that during the six months period between him recommending legal proceedings and the case finally being heard, food hygiene conditions in the restaurant remained at a very low level likely to cause an outbreak of food poisoning. It is interesting to note that during 1970 the inspector visited this same restaurant kitchen and seized some meat which he considered unfit for human consumption. The proprietor was subsequently fined £20 for possessing unsound food."

"On the 12th May, 1971 following several visits and previous warnings a health inspector revisited two food shops in common ownership and noted many serious contraventions of both the Food Hygiene Regulations and the Offices and Shops Act, likely to give rise to food poisoning and cause injury to the employees. The case was due to be heard on the 24th November, 1971 but was adjourned. It was again adjourned on the 17th January, 1972, and finally heard on the 13th March, 1972 when after a whole day's hearing only two of the twenty-three offences were decided upon by the Magistrates. Two further dates were allocated by the Court to determine the case – the 8th May, 1972 and 22nd May, 1972. The inspector reports that during the intervening period of ten months little improvement had been made to the premises and he had been obstructed from gaining access to carry out a revisit."

The measures taken by the City of Manchester are designed to expedite closure of unsatisfactory premises. They are contained in the Manchester Corporation (General Powers) Act 1971 and may be summarised as follows:-

"A Magistrates Court, on complaint by the C.P.H.I., may prohibit by order the sale or offer or exposure for sale of open food for human consumption at premises which are insanitary or in a defective condition so that they would contravene the Food Hygiene Regulations and would be dangerous to health until the conditions are remedied. Where a complaint is made, a single justice sitting as a Magistrates Court, may make an interim order closing the food premises until the full hearing. If the Court, on determining the complaint consider that the conditions existing were not such as to justify the making of an interim order the Council may be ordered to pay compensation to the person whose premises were closed. The fine for contravening a Closing Order shall not exceed £100".

"The Court may withdraw an order where the C.P.H.I. certifies that the state of the premises has been remedied. There is a right of appeal against the refusal or failure of the C.P.H.I. to give such a certificate".

The Council requested the Greater London Council to seek powers similar to those granted to the Manchester Corporation to enable the London Boroughs to deal more expeditiously with insanitary food premises and stalls. New legislation is pending at the time of writing this report.

Licensing Act 1964

Liaison between the inspectorate and the licensing magistrates is now well established and is proving extremely valuable both to the magistrates and the Council. Senior inspectors in the Department have attended meetings of the licensing committee and have given their observations to the magistrates on a total of 60 premises.

As a result of the inspectors' advice and observations a number of justices licences have been withheld or withdrawn in respect of unsatisfactory premises. In other cases, conditions relating to hygiene, sanitation, heating, ventilation, lighting, escape in case of fire, noise control (particularly from discotheques) have been attached to the granting of licences by the magistrates. In every case this has resulted in effective action being taken by the licensees without recourse to statutory action. The procedure is time consuming but very worthwhile and an effective illustration of the benefits of the Council's decision to combine public control and environmental health functions.

In practice the licensed premises are visited jointly by a member of the licensing committee and a health inspector. Occasionally the

police are represented. Many of the visits take place late at night or in early hours of the morning since establishments such as night clubs, night cafes and discotheques are involved.

Course of lectures in food hygiene

A course of lectures in food inspection and food hygiene took place at the Redbridge Technical College commencing in September 1972. The syllabus was arranged to attract housewives, shopkeepers, trainee assistants and others interested in promoting better standards of inspection, quality control and hygiene. Those who wished were prepared for the Royal Society of Health Certificate in Food Retailing and Catering and encouraged to pursue the subjects at more advanced level in subsequent years.

Hygiene in Hotels and Boarding Houses

The South West Essex Townswomen's Guild – Gants Hill Ilford – requested support for the following resolution which was passed this year at their National Council Meeting:-

“That the N.U.T.G. in Council assembled urges Her Majesty's Government to implement the enabling clauses of The Development of Tourism Act 1969 which refers to the registration of hotels and boarding houses”.

The local Townswomens Guild drew attention to the increasing number of such establishments in the Borough.

Inspections by Health Inspectors revealed that some of these establishments had very poor standards of accommodation and food preparation. Although the Food Hygiene Regulations were applicable, the poor standard of accommodation was outside the scope of the Housing Acts. It is not unknown for the owner of a house in multiple occupation to escape the provisions of the Acts by providing a token 'service' e.g. a dining room and the service of breakfast.

Registration under the Development of Tourism Act of any class of hotel or other establishment at which sleeping accommodation is provided by way of trade or business would enable the local authority to achieve some degree of control over standards of hygiene, escape in case of fire and allied matters. It would also enable us to locate the premises more readily than at present.

The Royal Borough of Kensington and Chelsea have recently promoted their own Act to register hotels and boarding houses – described as ‘sleeping accommodation’ and designed to apply to all accommodation which escaped the Housing Acts.

Alleged poison hazard in casseroles

Some public concern has been expressed that certain imported enamelled metal cooking utensils had been found to release excessive quantities of lead and cadmium into foodstuffs cooked in the utensils. A number of enquiries have been received by the department from members of the public who have been concerned that the cooking utensils in use in their homes may be unsafe.

It has been known for many years that certain heavy metals, particularly lead, mercury, cadmium and antimony may present a serious health hazard unless their use is controlled and monitored carefully. Lead and cadmium are amongst the most dangerous poisons, both are known to be cumulative and insidious in their effect. A WHO/FAO expert Committee on food additives has recommended that every effort should be made to limit cadmium release from all sources.

This Committee is of the opinion that the hazard of cadmium concentration in food is increasing due to industrial pollution and very careful surveillance must be maintained.

Lead and cadmium are frequently used in the make up of enamels used to coat metal cooking utensils and it is the leaching of these toxic metals from the enamel into cooked food that is potentially dangerous. It has been established that cadmium is used only as a base for orange or red enamel and as the majority of utensils have a white internal finish this, fortunately, reduces the number of suspect brands considerably.

There are at present no regulations or legislative controls governing the safe limits for the release of metals from enamelled metal ware.

Earlier this year however British Standard Specification 4860 entitled ‘Metal release from glazed Ceramic Ware – Part 2 – Cooking Ware’ was published and it is this standard that is at present informally extended to apply to enamelled cooking utensils. The standard, whilst having no force of law is expected to become the basis of a directive and will be adopted by the E.E.C. countries. An E.E.C. Expert Committee was to hold a meeting with a view to producing a draft directive for approval by the Council of Ministers next year. It is unlikely that anyone will be harmed directly by consuming food cooked in a container releasing these

metals but there is real concern that when added to the other sources of lead and cadmium pollution in the environment a potentially serious level of these poisons could build up in the body.

This matter has been investigated and discussions have taken place with the Council's Public Analyst, the Government Chemist, the British Ceramic Research Association and as a result a Health Inspector visited stores which it is known sell foreign metal casseroles. It was obviously neither practicable nor necessary to sample every brand.

Samples of all brands that have been subject to published adverse tests and of other brands found to be treated with suspect enamelled coatings were taken and retailers were requested to withhold these items from sale until clearance was obtained. The Public Analyst reported that all the samples which we submitted were well within the British Standards Specification. Despite these satisfactory results all known importers in Redbridge have been contacted and asked to provide undertakings that their products do comply with the specification.

POLLUTION OF THE ENVIRONMENT

Noise

The Public Health Acts and the Noise Abatement Act 1960 do not allow local authorities to take any action against excessive noise or vibration from road vehicles. The Government's recent proposals to offer compensation for sound proofing of houses adversely affected by traffic would appear to apply only to new roads or roads which have had an extra carriageway laid down during the last 15 years. There is no doubt that in some areas of Redbridge complaints of noise vibration and fumes from road traffic are going to increase. In many places they have already reached the point where it is quite impossible for the Health Inspector to insist upon compliance with the ventilation requirements of the Offices and Shops Act because to open the office windows would increase the noise nuisance from road traffic to an intolerable level.

Complaints were received from residents in Fairlop Road about the effect of noise and vibration from the excessive number of heavy goods vehicles using the road. The complainants considered that due to the narrowness of the road the noise and vibration from heavy goods vehicles went beyond what is reasonable.

Fairlop is one of many roads connected to the Barkingside roundabout. It is approximately 6 metres narrower – house facade to facade – than Tomswood Hill which is the next narrowest road leading from this roundabout. Fairlop Road is used by heavy goods vehicles travelling from the industrial sites of Fairlop, the drivers avoiding travelling through the congested Barkingside High Street.

The Health Inspectors investigating the complaints carried out four simultaneous traffic counts in Fairlop Road, Tomswood Hill, Craven Gardens and Fullwell Avenue at various times of the day. Without suggesting that these were comprehensive and totally accurate counts the Inspectors observed that Fairlop Road had a flow of heavy goods vehicles equal to each of the other roads and on one occasion the numbers exceeded those of the other roads. This preponderance of heavy goods vehicles flowing at a distance of some 3 metres nearer to the front of the houses in Fairlop Road as compared to the houses in the other roads produced vibrational affects which were very pronounced. A traffic order has now been made to G.L.C. which it is hoped will reduce the noise levels.

Sound levels in discotheques

Health Inspectors carried out sound levels in discotheques whilst records were being played. The results showed that little concern need be expressed in relation to hearing impairment risk from resident equipment since control of amplification and hence loudness rests with the staff who impose levels below the danger limits. The situation changes however when commercial record shows are hired for dances. The visiting entertainers had the sound levels of their equipment sampled at dances and one was found to be so high as to warrant further evaluation. There was no opportunity to measure live groups at an actual dance, although a practice session was sampled when levels were also found to be very high.

In co-operation with the G.L.C. Scientific Branch an entire evening's sound levels at a disco-dance were measured using a Noise Dose Meter which revealed that the youngsters at the dance were subjected to an "equivalent continuous" sound level of 99 dB(A) for 2.64 hours. By reason of arrival and departure times and intermittent absences from the hall all the youngsters attending the dance were not subjected to 2.64 hours exposure, nevertheless the fact remains that concern must be expressed.

A Code of Practice published by the Department of Employment in 1972 for reducing the exposure of employed persons to noise prescribes maximum acceptable noise levels of 90 dB(A) for eight hours when the noise is reasonably steady i.e. plus or minus 4 dB.

Any youngster present at the dance in question for the duration was subjected to more than two and a half times the noise dose permitted for an industrial worker. Some may have experienced even higher doses whilst standing close to the loudspeakers – a not unusual favourite place. It is worth noting that the decibel scale is a logarithmic interpretation of the differences in absolute pressure levels so that a numerical increase of 3 dB is in fact equivalent to doubling the absolute sound pressure e.g. if a reading of 80 dB exists in a discotheque and a further noise source of 80 dB is introduced then the sound pressure level is doubled but the sound level meter will only register 83 dB.

The only control at present available to organisers of dances is to request the disc jockey to reduce the volume. Unfortunately this does not always succeed and in any case usually incurs the audience's displeasure. The logical approach is to prevent the sound output reaching

excessive levels and various forms of control are now available. One comprises a power switch from which the disc jockey obtains his electrical supply. It incorporates a microphone and sound level meter which automatically triggers a cut-out at any predetermined sound level and thereby interrupts the electrical supply for some seconds.

A warning light indicates the approach of cut-out so that the volume may be reduced. This equipment costs approximately £115.

A more sophisticated version incorporates a light column in which the light rises and falls through seven colour stages corresponding to the rise and fall of the sound level. Near the top of the scale an orange warning light allows the disc jockey to adjust the sound output to an acceptable level. If the acceptable level is exceeded for more than five seconds the device cuts the power supply for a further three seconds. If the level is still too high when the power is restored a further cut ensues. This equipment costs £395.

There are various precautions which can be taken to minimise the risk to persons attending such establishments:

- (i) The adoption of noise exposure standards similar to those laid down in the Department of Employment's Code of Practice in respect of amplified music, whether recorded or live.
- (ii) Installation of the appropriate sound level equipment for controlling music
or
- (iii) The use of a sound level cut-out switch on equipment used by disc jockeys.

The Education Committee decided to install trial sound control equipment in Council owned youth clubs.

Air pollution from motor vehicle exhausts

The emission of fumes from motor vehicles has replaced the emission of smoke from domestic chimneys as the principal air pollution problem facing the major conurbations. Although British Standards on diesel smoke emissions – when enforced – are the strictest in Europe there is no equivalent legislation governing the emission of fumes from petrol engines. American legislation on emissions from petrol engines is being met by British motor car manufacturers mainly by improving

combustion efficiency within the engine. Very soon in order to comply with the American Clean Air Act, convertors will have to be introduced into the exhaust system. This may take the form of an after-burner consuming pollution by direct combustion, or by installing a catalytic unit. Heavily leaded fuel nullifies the effect of the catalytic units and this is one of the reasons why the lead content of petrol is being reduced – it also has the beneficial side effect of emitting less lead to atmosphere. American legislation becomes fully effective after 1975, and many believe that it will not be long before Britain takes some action. Legislation in France, Western Germany and Sweden prohibits an emission of more than 4.5% carbon monoxide in exhaust gases whilst the engine is idling; even stricter limits are being imposed in Japan.

Air Pollution – Smoke and SO₂

During 1972 we noted comments in the Press suggesting that air pollution in Redbridge is higher than it should be. These allegations are not substantiated by measurements taken as part of the National Survey of smoke and sulphur dioxide. The measurements show a dramatic fall in the level of air pollution which must be attributed to the early completion of the smoke control programme. The work was completed in July 1971 and Redbridge was among the first ten of the thirty-two London Boroughs to complete the programme. The scheme is estimated to have cost three-quarters of a million pounds of which approximately £350,000 has been paid out by the Government and the Council jointly in grants to owners and occupiers of the properties involved. Smoke concentration is measured in micrograms per cubic metre. During the years 1959 and 1960 immediately before the commencement of the smoke control programme the yearly average smoke concentration in the centre of Ilford was 168 micrograms per cubic metre of smoke. The average for 1971, after completion of the Smoke Control Orders was 51 micrograms per cubic metre.

The level of sulphur dioxide concentrations has also fallen. Before commencement of smoke control a yearly average of 240 micrograms per cubic metre was recorded in Ilford Central, whereas after completion of the programme in 1971 the average was 143 micrograms per cubic metre.

It must be admitted that the fall in sulphur dioxide concentrations has not been as dramatic as the fall in the concentrations of visible smoke, and this is attributed largely to the fact that a considerable number of premises are now heated by oil which contains sulphur. At the moment there is no direct control over the emission of sulphur dioxide to atmos-

phere. Some Authorities, such as the City of London, Paris and New York have restricted the sulphur content of fuel oil that may be burnt in the city to 1 and 2 percent respectively. The City of Manchester have exercised similar powers in respect of contracts for the supply of fuel oil to schools and buildings owned by the corporation.

To put the matter in perspective and demonstrate just how clean the air of Redbridge has become in recent years, the following figures have been extracted from the results published by the Warren Spring Laboratory of the Department of the Environment.

<u>Situation</u>	<u>Microgrammes per cu. metre 1970-71</u>	
	<u>Smoke</u>	<u>SO₂</u>
Redbridge		
(i) Oak Hall Ct. Wanstead	38	72
(ii) Ilford Central	51	143
Wigan	183	144
Bexley Heath	37	115
Chigwell	40	87
Camberwell	67	186
Lewisham (London Borough)	75	172
Brighton	46	62
Hillingdon (London Borough)	30	126

Garden Bonfires

As the whole of Redbridge is a smoke control area this makes it very difficult for people who are accustomed to burning their garden refuse. We receive innumerable complaints during Spring, Summer and Autumn from people whose enjoyment of their gardens is spoilt by bonfires. In conjunction with the Chief Executive Officer we have formulated a standard letter which is sent to all complainants telling them that if the smoke from the bonfire is so excessive as to cause a nuisance appropriate action can be taken by the Health Inspector under Section 16 of the Clean Air Act 1956. In many cases a visit from the Inspector is sufficient to abate the nuisance, but in many other cases the bonfires are lit in the late evening and burn during the night when there is little chance of any official action being taken.

In view of the considerable amount of money that has been spent by the Redbridge Council to make the whole of the Borough a smoke control area it is unfortunate that the refuse collection service cannot cope with the extra load a special service for garden refuse would impose.

Deposition of chemical waste

Following information received by the Chief Executive Officer from a local resident an investigation was carried out in conjunction with the Borough Engineer and G.L.C. Scientific Branch into reports that toxic waste was being deposited at a tip in the Borough.. Samples of the material were submitted for analysis together with samples of the water lying in the area adjacent to the tip. The earth was contaminated by minerals and metals in various quantities due to the deposition of the chemical slurry. The water samples showed a polluted condition and contained traces of lead and cadmium.

Although it is believed by the Scientific Adviser that there was no danger of anyone being poisoned through handling the material such as there would be if cyanide or similar acute poisons were involved, nevertheless the danger of pollution of water by percolation into the sub soil drainage system and adjacent lake could not be ignored,

In view of this the Health Inspector for the district was to continue to take the occasional samples, particularly of the water in the lake and water lying on the ground adjacent to the tip. The Metropolitan Water Board, and Essex Water Company and the Essex River Authority were acquainted with the facts and advise that they would watch conditions in the area carefully.

Under the provisions of the recent measures approved by Parliament to control the dumping of toxic waste the onus is upon the G.L.C. to enforce the Act; outside London, County Borough Councils exercise the power.

Dumping of empty cyanide drums

On Thursday, the 25th May, 1972 information was obtained from an anonymous source stating that a number of empty drums alleged to have contained cyanide had been dumped on open land in Roding Lane South the previous day. Health Inspectors visited this privately owned site immediately and found two empty drums labelled "Sodium Cyanide" and three empty drums labelled "Hychrome maintenance salts – highly corrosive". There was no evidence of retention of contents and all drums appeared to be old and to have been adequately treated – nevertheless, it was considered that the matter should be treated as a potential health hazard.

The Borough Engineer arranged for the drums to be screened and warning notices posted until disposal arrangements were completed and as a further precaution a watchman was engaged to supervise the site overnight. On Friday, 26th May, 1972 an officer from the G.L.C. toxic waste disposal unit visited the site, confirmed that the drums were not dangerous, and had them removed. This incident, although not in itself of a serious nature, is a further illustration of the need for local authorities to possess powers such as have been given to the G.L.C. to initiate control and disposal of this type of waste. Liaison with the expert research and scientific departments of the G.L.C. is vital and invaluable in these cases but equally important, is the need for immediate and decisive action.

This can best be taken by the local authority officer, who is locally based and readily available to deal with the matter promptly.

Joint Conference of Local Authorities – Air pollution.

The Chairman and Vice-Chairman of the Health Committee, the Chief Public Health Inspector and one of the Senior Health Inspectors attended the 24th session of the Joint Conference which was held in the Council Chamber at the Town Hall, Walthamstow on Monday 4th December, 1972.

A full discussion took place on the need for investigations into the adverse effect on the environment of noise and fume emissions from road traffic which many believe has replaced domestic smoke as the principal source of localised ground level air pollution. Representatives from the local authorities discussed the methods of testing, the need to establish standard procedures and the desirability of establishing air quality criteria.

Redbridge representatives gave an account of their recent car exhaust testing exercise which may be repeated in other parts of London and Essex. The need to monitor noise levels before and after the construction of new roads, intersections, flyovers and motorways was debated. It was agreed that at the next meeting the subject of the persistently high levels of sulphur dioxide in urban areas would be discussed.

The following table shows the smoke control position in regions in England at 31st December, 1972.

The percentage shown in columns (3) and (5) are percentages of the total acreage and of the total number of premises in the black areas concerned. In practice it may not always be necessary for the whole of the black area authority's district to be covered by smoke control orders (e.g. there may be some areas of open country).

SMOKE CONTROL POSITION IN REGIONS OF ENGLAND
at 31st December 1972

(Figures supplied by the Department of the Environment)

(1)	(2)	(3)	(4)	(5)
Region	No. of black area acres covered by smoke control and smokeless zone orders confirmed or awaiting decision	Percentage of total black area acreage in region covered	No. of black area premises covered by smoke control and smokeless zone orders confirmed or awaiting decision	Percentage of total black area premises in the region
Northern ...	55,966	44.7	232,077	42.0
Yorkshire and Humberside	236,343	62.8	781,510	67.0
East Midlands	81,723	30.5	252,502	49.3
Greater London	277,861	95.0	2,362,769	89.3
North West	230,855	57.5	975,444	57.3
West Midlands	99,193	39.8	447,651	42.6
South West	11,231	42.6	41,278	27.7
Total (black areas)	993,172	56.0	5,093,231	65.5
Outside black areas	223,781		594,061	
GRAND TOTALS	1,216,953		5,687,292	

Heavy metal contamination

The Chief Education Officer requested guidance on the use of lead based glazes supplied and used in schools in the borough. The use of these glazes to decorate containers which have subsequently been used to hold acidic drinks has been known in the past to cause severe illness although there is no evidence that this has occurred in Redbridge. The very greatest care must be taken to ensure that all responsible persons are aware of the potential hazards and accordingly the Chief Education Officer was provided with detailed recommendations governing the handling and use of all lead based glazes.

In consequence of the health hazards associated with the manufacture or decoration of pottery using these toxic glazes special regulations have been introduced to prohibit the use in a factory of glazes other than leadless or low solubility glazes. Although the commercial use of lead glazes in pottery is prohibited the raw materials are readily available for use not only by manufacturers but also by schools and individual professional and amateur potters for compounding their own glazes. In order to prevent intoxication through the use of articles having glazes of uncertain origin the following recommendations have been issued by the department.

- (i) The use of raw lead, either for glazing or making fritts, is unwarranted except for demonstration purposes where the pottery will be destroyed afterwards or the articles cannot be used as food or drink utensils.
- (ii) The use of low solubility glaze to be satisfactory only when prepared from complete commercial glazing mixtures.
- (iii) The use of leadless glazes to be preferred at all times and to be made from complete commercial mixtures.

Reports were received by the Department from another local authority that certain imported pencils and paint brushes were found to contain excessive quantities of lead in coloured paint finishes. Regulations exist which allow a maximum amount of 5000 parts per million of lead. The pencils and paint brushes concerned were analysed and found to contain from 25,000 parts per million to 119,000 parts per million. Supplies to all schools and nurseries in Redbridge were checked with the result that none of them was found to use the suspected brands. Nevertheless as a precautionary measure samples of pencils in use in the schools and nurseries were taken and submitted to the Public Analyst for examination.

As a further precaution all schools, nurseries, play groups and child minders in the Borough were provided with details of the suspect products and they were asked to check for any children who may bring the pencils or paint brushes to school from their homes.

A circular from the Department of Education and Science drew attention to the fact that certain coloured gummed papers used in school could present a health hazard due to the release of lead and chromium from the colouring used. That Department suggested a maximum level of 250 parts per million should be tolerated for this type of product. Tests by Government Analysts revealed that some papers contained quantities considerably in excess of this recommended figure.

The Supplies Departments of the Greater London Council and the Essex County Council assured me that all papers supplied to Education Establishments in the Borough were regularly tested and were well within the recommended standard. Papers supplied to day nurseries and play groups however have not been subject to routine testing in the past. To remedy this samples were taken and submitted to the Public Analyst.

Conclusion

The instances mentioned above indicate that the extent of heavy metal pollution is wider than some people hitherto suspected. Although legislative controls at present are being considered and additional controls may be expected, in the meantime more investigations and sampling exercises were called for to gather more positive information. In the past food and drugs sampling has tended to concentrate on foodstuffs alone. This policy has played an important part in securing the present very high standard of compositional quality and accuracy of description we enjoy in this country. It is increasingly apparent however that we must now extend our surveillance to include all articles and materials used in the preparation, wrapping or cooking of foodstuffs; this surveillance should also include any other articles that may come into contact with food and present a risk of contamination.

HOUSING

Clearance Areas

The following areas were dealt with:-

33-55 (odd), Sandringham Gardens, Barkingside, Ilford

An inspection of the above properties revealed that they were all in some respects unfit for human habitation within the meaning of Section 4 of the Housing Act 1957.

The most satisfactory method of dealing with the conditions in the area was the demolition of all the buildings.

The appropriate officers considered the site and having regard to development possibilities suggested that the unfit properties should be dealt with by making a Compulsory Purchase Order under Part III of the Act. In this connection it was suggested that there should also be included in the Order as "grey" land the adjacent fit property No. 44 Tanners Lane, the acquisition of which was considered reasonably necessary for the satisfactory development or use of the area when cleared.

100-118 (even), Horn Lane, Woodford Green

The above properties were declared the subject of a Clearance Area at the January meeting of the Housing Committee. The Committee gave instructions for a survey to be carried out of all the adjoining properties in the area bounded by Horn Lane, Shenfield Road, Eagle Terrace and Landscape Road, a total of 33 houses excluding Nos. 100-118, Horn Lane and No. 2 Landscape Road which was non residential. Only a small number of these houses was considered to be in some respects unfit for human habitation within the meaning of Section 4 of the Housing Act 1957. The majority were a mixture of fit and sub-standard properties; that is, lacking the basic amenities such as hot water supply, indoor W.C. bathroom etc. Many of the houses were owner occupied and a considerable amount of improvement was being effected voluntarily and the properties were gradually improving.

It was recommended that wherever necessary repairing notices be served with a view to encouraging further improvements possibly with the assistance of grants and loans from the Council.

Subsequently a property development company purchased the properties and rendered them fit without displacing the occupiers.

72-98 (even), Tanners Lane, Barkingside, Ilford

An inspection of the above properties revealed that they were all in some respects unfit within the meaning of Section 4 of the Housing Act 1957.

The most satisfactory way of dealing with the conditions in the area was the demolition of all the buildings, and that the area be declared to be a clearance area under Part III of the Act.

22-31 Newbury Terrace, Horns Road, Barkingside, Ilford

An inspection of the above properties revealed that they were all in some respects unfit within the meaning of Section 4 of the Housing Act 1957. The most satisfactory way of dealing with the conditions in the area was the demolition of all the buildings.

Individually
unfit
properties.

The following properties were declared in some respects unfit for habitation.

<u>Addresses</u>	<u>Date of making of Order</u>
Demolition Orders:-	
37 Grove Road, South Woodford	3.7.1972
39 Grove Road, South Woodford	3.7.1972
Closing Orders:-	
2 Pyrmont Road, Ilford	27.1.1972
38 Cleveland Road, Ilford	27.1.1972
45 Westwood Road, Ilford	26.1.1972
1 The Square, Woodford Green	20.3.1972
3 The Square, Woodford Green	20.3.1972
5 The Square, Woodford Green	20.3.1972
7 The Square, Woodford Green	20.3.1972
10 The Square, Woodford Green	27.1.1972
12 The Square, Woodford Green	20.3.1972
14 The Square, Woodford Green	20.3.1972
16 The Square, Woodford Green	20.3.1972
18 The Square, Woodford Green	20.3.1972
1 Saville Row, Woodford Green	20.3.1972

5 Saville Row, Woodford Green	20.3.1972
6 Saville Row, Woodford Green	20.3.1972
7 Saville Row, Woodford Green	20.3.1972
8 Saville Row, Woodford Green	20.3.1972
9 Saville Row, Woodford Green	20.3.1972
10 Saville Row, Woodford Green	20.3.1972
11 Saville Row, Woodford Green	20.3.1972
189a Ilford Lane, Ilford	3.7.1972
71 Peel Road, South Woodford	3.7.1972
26 Queens Road, Ilford	3.7.1972
70 Walpole Road, Ilford	3.7.1972

Repair of
defective
houses

Despite the service of statutory repairing notices authority to resort to legal action was necessary to effect repairs at the following premises:-

Public Health Act 1936. Section 93. Disrepair

106 Albert Road, Ilford
 22 Broomhill Road, Woodford Green
 267 Chigwell Road, Woodford Green
 13 Courtland Avenue, Ilford
 14 Pymont Road, Ilford
 170 St. Albans Road, Ilford
 174 St. Albans Road, Ilford
 3 Spencer Road, Ilford
 124 West Grove, Woodford Green
 87a Balfour Road, Ilford
 150 Felbrigge Road, Ilford
 6 Grosvenor Road, Ilford
 8 Kelso Lodge, Primrose Road, E.18
 198 Prospect Road, Woodford Green
 28 Pymont Road, Ilford
 360 Thorold Road, Ilford
 71 Courtland Avenue, Ilford
 7 Endsleigh Gardens, Ilford

27 Elgin Road, Ilford

1 Stoneycroft Road, Woodford Bridge

20 Cowley Road, Ilford

18 Elgin Road, Ilford

1 Reydon Court, Wanstead

170 St. Albans Road, Ilford

172 St. Albans Road, Ilford

174 St. Albans Road, Ilford

1 Seymour Gardens, Ilford

11 Broomhill Road, Ilford

144 Maybank Road, E.18

167 Prospect Road, Woodford Green

96 Westwood Road, Ilford

98 Westwood Road, Ilford

5 Northbrook Road, Ilford

71 Vicarage Lane, Ilford

Public Health Act 1936. Section 75. Provision of Dustbin

28 Pymont Road, Ilford

Public Health Act 1936. Section 277. Information as to Nature of Interest in Premises

360 Thorold Road, Ilford

Housing Act 1957. Section 9. Works to Render Unfit House Habitable

144 Maybank Road, E.18

71 Vicarage Lane, Ilford

5 Northbrook Road, Ilford

Housing Act 1957. Section 170. Information as to Notice of Interest in Premises

660/674 Chigwell Road, Woodford Bridge

26/32 Cowley Road, Wanstead

27 Elgin Road, Ilford.

Housing Act 1957. Section 27. Contravention of Closing Order

409a High Road, Woodford Green

Housing Act 1961. Section 15. Houses in Multiple Occupation. Inadequate Sanitation

106 Albert Road, Ilford

11 Broomhill Road, Ilford.

Housing Act 1961. Section 16. Houses in Multiple Occupation. Inadequate Fire Precautions

106 Albert Road, Ilford

6 Grosvenor Road, Ilford

60 Thorold Road, Ilford

198 Prospect Road, Woodford Green

71 Courtland Avenue, Ilford

7 Endsleigh Gardens, Ilford

27 Elgin Road, Ilford

46 Wellesley Road, Ilford

1 Seymour Gardens, Ilford

11 Broomhill Road, Ilford

Essential
repairs to
owner/
occupied
properties

Problems arise occasionally with owner/occupiers – particularly elderly people – who lack sufficient money to enable basic essential repairs to be carried out to their properties. Sometimes these costs relate to repairs which cannot possibly be avoided, for example eaves gutters and fall pipes serving roof drainage of several properties become defective and the cost has to be shared among the several owners. Repairs to public sewers serving several properties are another example of unavoidable cost. Apart from the lack of money in some cases the owner/occupiers are quite incapable of making any arrangements or discussing business with builders, and in such cases the Health Inspectors tend to carry out the negotiations on their behalf.

Following an approach to the Department of Health and Social Security in an endeavour to get financial assistance we were told where old age pensioners were in receipt of a supplementary benefit and also owner/occupiers of property that apart from making a small annual contribution towards decorations and repairs, they would consider any further assistance on the merits of each case.

The Committee decided to authorise work in default up to £300 for essential repairs to properties where the owner/occupiers are in straitened circumstances and after the work has been carried out a charge be placed on the property or arrangements made for payment by instalments.

Long stay
immigrants

Notification was received from Port Health Authorities of the expected entry to the Borough of 789 immigrants during 1972. All addresses notified were visited and where contact was made with the persons, they were urged to register with a General Medical Practitioner, and where necessary, appointments arranged for chest x-rays.

30 visits were also made under the Public Health (Aircraft Amendment) Regulations 1963, and the Public Health (Ships Amendment) Regulations 1963 because of persons who were not in possession of a valid international certificate of vaccination.

Qualification
Certificates

During 1972, 156 applications for Qualification Certificates were received, Certificates were issued as follows:-

Housing Act 1969

Section 44(1)

Qualification Certificates issued	...	...	...	...	...	...	...	...	...	...	126
Qualification Certificates refused	...	...	...	...	...	...	...	...	...	...	27

Section 44(2)

Qualification Certificates issued	...	...	...	...	...	...	...	...	...	27
Qualification Certificates refused	...	...	...	...	...	...	...	...	...	—
Certificates of Provisional Approval issued	38

Section 55

Certificates issued	9
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Housing Finance Act 1972

Section 28(1)

Qualification Certificates issued	44
Qualification Certificates refused	...	...	...	...	...	...	...	...	...	6

Section 29(1)

Qualification Certificates issued	...	...	...	...	...	...	...	...	...	15
Qualification Certificates refused	...	...	...	...	...	...	...	...	...	—
Certificates of Provisional Approval issued	...	...	...	...	...	...	...	...	...	11

Land Charges
Act 1925

Regular enquiries are received and searches carried out to ascertain any outstanding notices or charges on properties arising from the operation of the various Acts and Regulations with which the Department is concerned. 6,113 enquiries were so dealt with during 1972.

ERADICATION AND CONTROL OF PESTS

Control of pigeons

Some areas of Redbridge are more troubled by pigeons than others and the Aldersbrook area which featured in a newspaper article has been a source of trouble for many years. It has not been possible to identify a particular feeding place where stupefying bait could be used and therefore action has been restricted to shooting. It may be that for this reason the local residents have not been particularly aware of our activities, nevertheless during 1971 126 pigeons were killed in the neighbourhood of Dover, Harpenden and Herongate Roads, and again during 1972 a further 43 pigeons were killed in this area.

During the last two years the bodies of some 2,000 pigeons have been recovered following extermination activities and it is intended to continue action along the lines described. It is however essential that the public should become aware that although the pigeon is a very attractive bird it should not be encouraged to inhabit places where it can cause a nuisance.

Rodent control Prevention of Damage by Pests Act 1949

The following table enumerates pest details for 1972, and I would draw attention to the number of premises infested with mice which has increased by 50% over the last year. A similar increase has been noted in other London Boroughs.

	<u>Type of Property</u>	
	<u>Non Agricultural</u>	<u>Agricultural</u>
1. Number of Properties in district ...	95,044	30
2. (a) Total number of properties (including nearby premises) inspected following notification	2,300	—
(b) Number infested by (i) Rats ...	734	—
(ii) Mice ...	914	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	—	—
(b) Number infested by (i) Rats ...	—	—
(ii) Mice ...	—	—

Sewer treatment

398 manholes were treated, using '1081', during the year by private contractor. 47 manholes were checked, using Warfarin, after this treatment, and 4 manholes showed takes.

PUBLIC CONTROL, LICENSING, REGISTRATION AND ALLIED MATTERS

Six-day trading

There are at present three Exemption Orders affecting the Ilford Town Centre. These Orders name twenty-one different classes of business which can stay open for six day trading and exclude thirty-six other classes of business which must close on one half day of the week. The complexity of the Orders makes the implementation extremely difficult, particularly in the case of mixed businesses. It is also apparent that the Order is most unpopular with many members of the Chambers of Trade and Commerce. Consequently, following requests from several shopkeepers for a referendum to enable their particular class of business to be exempted from the early closing day provisions, discussions took place with representatives of the Wanstead and Woodford and the Ilford Chambers of Commerce. The results of the six-day trading survey carried out by the G.L.C. Intelligence Unit on the general public in the Borough – which indicated that out of some three and a half thousand people interviewed only 20% said that they would prefer shops to be open for six days a week – were also discussed together with the endeavours of both Chambers to ascertain the views of their members by questionnaire. In the latter case the returns were low – in the region of 15% for Ilford and 25% for Woodford – and were considered unreliable in view of the small sample. Accordingly the Chambers were in favour of a referendum being carried out by the Council.

Shops Act 1950
Six-day Trading
Referendum
Area No. 1 –
Ilford Town
Centre

The first six-day trading referendum was conducted during August 1972. The results were as follows:-

Category (with number of ballot paper issued)	No. in favour of six day trading.	No. opposed to six day trading
(a) Food shops (24)	4	6
(b) Non-food shops (388)	158	98
(c) Mixed shops (71)	28	10

In view of the result of the ballot the Council made an Early Closing Day Exemption Order to allow shops classified as non-food and mixed in the Ilford Town Centre Area to trade on six full days (excluding Sundays).

Shops Act 1950
Six-day
Trading
Referendum
Area No. 2 –
Gants Hill

A six-day trading referendum was conducted during September, 1972.
The results were as follows:-

Category	Number in favour of six day trading	No. opposed to six day trading
(a) Food shops	1	4
(b) Non-food shops	50	31
(c) Mixed shops	16	4

In view of the result of the ballot the Council made an Early Closing Day Exemption Order to allow shops classified as non-food and mixed in the Gants Hill area to trade on six full days (excluding Sundays).

Area No. 3 –
Fairlop and
Aldborough

A six day trading referendum was conducted during September 1972.
The results were as follows:-

Category	No. in favour of six day trading	No. opposed to six day trading
(a) Food shops	2	1
(b) Non-food shops	28	35
(c) Mixed shops	10	6

In view of the result of the ballot the Council made an Early Closing Day Exemption Order to allow shops classified as food and mixed in the Fairlop and Aldborough Area to trade on six full days (excluding Sundays).

Dairies, Milk Distributors, Food Preparation Premises, Hawkers, etc.	Milk and Dairies –		
	Premises registered as dairies	... ..	8
	Persons registered as distributors of milk	... ..	173
	Licences, for five year period ending 31.12.75 in operation at end of year:-		
	Pasteurisers	... ..	1
	Sterilisers	... ..	1
	Untreated	... ..	1
	Pasteurised (Dealers)	... ..	144
	Sterilised (Dealers)	} Prepacked	116
	Untreated (Dealers)		30
	Ultra Heat Treated (Dealers)		65
	Ice Cream –		
	Premises on register for manufacture and/or storage and sale of ice-cream	... ..	688
	Food Preparation Premises –		
	Premises on register for the preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food intended for sale	... ..	372
	Hawkers –		
	Hawkers of food, and premises used for the storage of food, on register	... ..	107

Diseases of Animals

One premise having the necessary equipment to sterilise pig swill and similar waste under the Diseases of Animals (Waste Food) Order, 1957 was licensed during the year. The movement of animals has progressed without the issue of any licences during 1972.

Pharmacy and Poisons

The Pharmacy and Poisons Act 1933 requires registration with the Local Authority of premises used for the sale of those poisons prescribed in part 2 of the Poisons List issued under the Pharmacy and Poisons Act, 1933. Regular inspections were carried out in respect of 95 applications for renewal of entry on the statutory register. Eight new applications for registration were investigated and found to be satisfactory.

During 1972, eight samples were submitted for analysis and all were found satisfactory.

Rag Flock and Other Filling Materials Act, 1951

This Act requires the Local Authority to register premises wherein rag flock and other filling materials are used. There are 7 premises at present on the register and one establishment has been licensed for the manufacture of those commodities as required by this Act.

Nil samples of filling materials were obtained and submitted to the analyst during 1972.

The Pet
Animals Act,
1951

Twenty-three establishments were licensed during the year under the provisions of this Act, which ensures that animals kept, stored or sold as pets by way of business are cared for in a humane and healthy manner. The establishments generally were well administered.

Animal
Boarding
Establishments
Act, 1963

Two premises were licensed during the year and periodic inspections found them well maintained.

Riding
Establishments
Acts 1964
and 1970

All premises requiring licences under these Acts are inspected by a veterinary surgeon prior to consideration of the application. Subsequent inspections are made by inspectors. Three licences were granted during the year.

Establishments
for Massage
and Special
Treatment

The public health inspectors continued their work of the examination of establishments set up for massage and special treatment under Part IV, Essex County Council Act, 1933. These premises are visited at least once annually. One new application for licence was approved and 33 licences were renewed during 1972.

Employment
Agencies

During 1972, 42 licences, including 5 new licences, were issued under the provisions of the Essex County Council Act 1933 in respect of employment agencies.

Theatrical
Employment
Agencies

Under the Theatrical Employers Registration Acts 1925 and 1928, employers of theatrical performers are required to register with the local authority in which they reside. Four registrations were operative in Redbridge during 1972.

Night Cafés

The Greater London Council (General Powers) Act 1968, Part VIII, requires that certain premises defined as "Night Cafés" which are kept open for refreshment at any time between the hours of 11.00 p.m. and 5.00 a.m. must be registered with the local authority. Twelve registrations, including three new registrations, were operative in Redbridge during 1972.

Late Night
Refreshment
Houses

The Late Night Refreshment Houses Act 1969 requires that certain premises defined as "Late Night Refreshment Houses" which are kept open for the public between the hours of 10.00 p.m. and 5.00 a.m. must be licensed by the local authority. Ten licences, including one new licence, were issued during 1972.

Moneylenders

During 1972, 63 licences, including 26 new licences, were issued under the provisions of the Moneylenders Act 1927.

Gaming
Permits

Under the provisions of the Gaming Act 1968, Section 34, a permit from the local authority is required in respect of any premises where machines are used for gaming by way of amusement with prizes. Forty-three permits, including 5 new permits, were operative during 1972.

SANITATION

Cleansing of sewers and drains

In the 1971 report reference was made to the formation of an all purpose squad for dealing with pests, drain and sewer clearances and the many other miscellaneous duties.

This squad came into operation in 1972 and has proved successful.

During the year in addition to their other activities 2214 blocked sewers and drains were cleared by the squad and in 57 cases specialised equipment supplied by the Borough Engineer was used. The close co-operation and good relationship between the Sewer Section of the Borough Engineer's staff and this department, is stressed.

In 47 cases private contractors had to be employed to carry out works of excavation and repair.

Water Supply

Gratitude is due to Dr. E. Windle Taylor, Director of Water Examination, Metropolitan Water Board and Mr. Gordon Spencer, Director, General Manager and Engineer-in-Chief, Essex Water Company, for the following reports on the water supplied to the respective areas of the Borough covered by their undertakings.

Metropolitan Water Board

"The supply was satisfactory both as to (i) quality, and (ii) quantity throughout 1972.

All new and repaired mains are disinfected with chlorine; after a predetermined period of contact the pipes are flushed out and refilled; samples of water are then collected from these treated mains; and the mains are returned to service only after the analytical results are found to be satisfactory.

The quality control from these laboratories is carried out by means of daily sampling from sources of supply, from the treatment works or well stations, from the distribution system, and through to the consumer. Any sign of contamination or any other abnormality is immediately investigated.

The Board has no record of the number of structurally separate dwellings supplied in your area, but the population supplied direct according to the Registrar-General's estimates at 30th June, 1972, was 128,554.

No houses were permanently supplied by standpipe.

No artificial fluoride is being added, and where the fluoride content is indicated in the analyses it represents the naturally occurring fluoride in the water.

The supply was derived from the following works and pumping stations:-

The western part only of the Borough is supplied by this Board.

The supply is mainly from Coppermill's works repumped at Woodford pumping station. Parts of Ilford receive well water from Wanstead pumping station.

No new sources of supply were instituted and there were no changes to the general scheme of supply in your area.

The number of samples collected and the bacteriological and chemical analyses of the supply from the above sources after treatment are shown on the attached sheets.

On account of their hardness content and alkaline reaction the Board's river and well water supplies are shown to be not plumbo-solvent. It should, however, be appreciated that all types of water pick up varying amounts of metal from the material of water piping particularly when it is newly installed; this applies to copper, zinc, iron and also to lead."

Essex Water
Company

"The water supply in the area of Redbridge supplied by the Company was satisfactory both in quality and quantity.

No action was necessary in respect of any form of contamination.

The number of dwelling houses supplied at 31st December, 1972, was 35,893. The population supplied, as obtained from the Registrar General, was 109,750. The number of houses supplied indirectly by means of standpipes remains insignificant.

The Company does not make frequent fluoride determinations, but the fluoride content of the major river derived sources is about 0.25 pm. and the minor underground sources 1.0 ppm.

The normal sources of supply serving the London Borough of Redbridge are as follows:-

- (a) Chigwell Row Treatment Works (river supply)
- (b) Ilford Well Station, Mill Road
- (c) Seven Kings Well Station, Grove Road
- (d) Roding Well Station, Roding Lane North.

Approximately 500 samples of treated water were collected from these sources and from the distribution system in 1972. Coliforms were absent from all samples."

Gratitude is due to Mr. E.P.A. Bryant, Borough Engineer and Surveyor for the following reports:-

Refuse Collection

A total of 70,840 metric tonnes of refuse was collected in 1972. Of this total 51,412 metric tonnes was delivered to Fairlop for controlled tipping in worked out gravel pits, 19,379 metric tonnes was delivered to the GLC incinerator at Edmonton, and the balance, 49 metric tonnes went to the GLC transfer station at Leyton.

In July the expendable sack system was introduced in a further 6,000 premises and extensions are planned for next year. In the pilot scheme started on the GLC housing estate at Hainault a few years ago, the Council provided purpose-made holders, but it was decided in the latest extension to experiment with the use of existing privately-owned dustbins as holders. Since dustbins vary a little in size and shape the success of the venture could not be guaranteed, but in the event the arrangement has worked well and has given the Council confidence to develop further on the same lines.

The Council's decision to collect discarded furniture and chattels from households free of charge was implemented on 1st April and in the nine months to the end of the calendar year the number of clearances made increased (compared with the same period of last year) by 157%.

Charges continue to be made for garden rubbish and the residues of do-it-yourself building works. In August the Council's Highways and Open Spaces Committee had a request from the Health Committee to investigate the need for a special Garden Refuse Collection Service. The request arose from a report from the Chief Public Health Inspector expressing concern at complaints received of nuisance from garden bonfires in smoke control areas.

In November the Committee considered a comprehensive report submitted by the Borough Engineer and Borough Treasurer and concluded

that the present services are adequate but that the GLC should be asked to improve and give more publicity to their arrangements for accepting refuse of domestic origin of all kinds when delivered by householders to Civic Amenity Depots.

Discussions with Newham Council on the subject of waste paper and the practicability of joint baling arrangements with Redbridge and Barking continued during the year. A decision which will probably determine whether Redbridge will enlarge their activities or drop them altogether is expected to be made early in 1973. Collections continued on a very modest scale in 1972 and yielded 875 metric tonnes.

Public Conveniences

Work was started on the erection of new conveniences at Eastwood Close (near George Lane Shops), Woodford and Aldborough Road, Seven Kings. It is expected that both places will be open to the public in May 1973.

In August the convenience in Oakfield Road (opposite the Town Hall) was demolished to make way for a Civic Theatre. A mobile convenience, similar to the one installed in the Hawkey Hall Car Park has been sited in the Town Hall Car Park. Unfortunately both mobile conveniences have been closed on several occasions to enable repairs to be carried out following vandalism. W.C. seats have been ripped off their hinges and taken away, door locks have been broken, sparge pipes have been pulled off the walls, partitions have been cut and defaced – the list is endless. Some damage has been done in the permanent conveniences, notably at Hillside Avenue in Woodford, but the temporary structures, both of which are well appointed internally, have been treated particularly badly.

A start has been made on the building works necessary for providing, at those conveniences where it is practicable to do so, special facilities for the chronically sick and disabled, as prescribed in the Act of 1970. Such facilities have, of course, been provided for in new conveniences under construction.

The Council has decided in principle that toilet facilities in public parks should be improved and the Work Study Unit have been instructed to prepare, in due course, in collaboration with the Borough Engineer's Public Cleansing Superintendent, a plan for incorporating the management of parks conveniences with that established for conveniences in the streets, where the standards maintained are acknowledged to be much

higher. A sum has been provided in the 1973/74 Estimates for the first stage of a phased programme for the necessary building works.

Public Baths Regular tests of pool water at Fullwell Cross, High Road and Valentines Open Air Pool have been carried out by the Baths Section during the year – all were satisfactory.

Pool attendances for the period 1st January, 1972 to 31st December, 1972 were as follows:-

Fullwell Cross Baths	300,531
High Road Baths	240,867
Valentines Open Air Pool (Summer Season Attendances)	41,557

The Public Hall at the High Road Baths held a variety of functions such as netball, indoor bowls and Jehovah Witnesses Conventions. Unfortunately the absence of wrestling and dancing throughout the season, also the loss of badminton to the new Redbridge Sports Centre, reduced considerably the number of functions held this year.

Indoor bowls attendances have decreased this year, although very popular with the club and regular patrons.

Eight school pools are under the control of the Baths Section in respect of water filtration and purification. Water tests carried out were satisfactory.

Main Drainage The improvement of existing drainage, prevention of flooding and the provision of adequate sewers for new developments continued during the year.

The following works were completed during the year:	<u>Cost</u>
(a) Elmbridge Road to Huntsman Road Soil Sewer	£22,365
(b) Cranbrook Road to Dr. Barnardo's Surface Water Sewer ...	£46,680
(c) Clearing Fairlop Lake of Silt and Debris... ..	£9,000
(d) Grove Road Surface Water Sewer	£16,600
(e) Nutter Lane/River Roding – Storm Overflow and S.W.S. ...	£103,883

The following schemes will continue/commence in 1973:

(a) Winn Valley Surface Water Sewer	£795,300
(b) Eastern Avenue/Aldborough Road to Seven Kings Water Surface Water Sewer	£66,390

(c) Seven Kings Water Stage II (Culverting of Water-Course) ...	£536,200
(d) A.406 Improvement – Drainage	£66,000
(e) Canterbury Avenue/Exeter Gardens to River Roding Surface Water Sewer	£75,640
(f) Mayesbrook Improvement Stage II	£404,800
(g) Cobbetts Avenue to River Roding Surface Water Sewer	£23,100
(h) Blake Hall Crescent/Woodlands/Northumberland Avenue Foul and Surface Water Sewers... ..	£162,240
(i) Clearing Valentines Park Lake	£10,000

Rivers and Streams

There has been some pollution of streams and lakes and some sources have been located and rectified.

There has been no flooding of rivers or streams on any notable scale.

Rainfall

The average recorded rainfall for the five park stations for the months from January to December were as follows:

(32mm = 1")	January	59.67mm
	February	34.87mm
	March	41.88mm
	April	45.84mm
	May	38.30mm
	June	24.06mm
	July	41.09mm
	August	19.25mm
	September	30.76mm
	October	6.76mm
	November	53.94mm
	December	53.24mm

The greatest fall in 24 hours (average of five stations) was recorded on the 1st August, the amount being 15.86mm.

The greatest fall in 24 hours recorded at any one station was also on the 1st August, the amount being 17.50mm, in Seven Kings Park."

FACTORIES ACT 1961

APPENDIX 18

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	167	26	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	804	376	30	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)... ..	48	12	—	—
Total	1,019	414	31	—

2. Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) —					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	26	11	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	5	3	—	—	—
Total	31	14	—	4	—

APPENDIX 18 (continued)

PART VIII OF THE ACT

OUTWORK
(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	Number of out-workers in August list required by Section 133(1)(c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel — Making etc.	174	—	—	—	—	—
Cosaques, Christmas stock- ings, etc.	24	—	—	—	—	—
Total	198	—	—	—	—	—

APPENDIX 18 (continued)

ARTICLES OF FOOD SURRENDERED AND CONDEMNED AS BEING UNFIT
FOR THE FOOD OF MAN DURING 1971

Commodity	Weight		
	Tons	Cwts.	lbs.
Meat, cooked meat, meat products	1	8	—
Canned Meats	—	17	14
Fish	—	1	51
Fruit and Vegetables	—	—	62
Other foods (including canned foods other than meats)	1	12	78
TOTAL	3	19	93

APPENDIX 18 (continued)

INSPECTIONS

	<u>Initial</u> <u>Inspection</u>	<u>Re-</u> <u>inspections</u>	<u>Notices Issued</u>		<u>Notices Complied</u>	
			<u>Informal</u>	<u>Formal</u>	<u>Informal</u>	<u>Formal</u>
<u>DWELLINGS</u>						
Housing Act (including Slum Clearance and Multi-occupation)	4,604	8,933	75	22	75	36
Rent Acts (Certificates of Disrepair)...	11	2	—	—	—	—
Public Health Acts (Nuisances)	3,352	4,146	187	418	120	276
Clean Air Act (Smoke Control Areas)...	358	586	2	8	1	84
Infectious Disease (including visits to advise long stay immigrants)	136	104	—	—	—	—
<u>OTHER PREMISES:</u>						
Food Premises	3,500	1,820	297	—	166	—
Offices, Shops Act	1,182	834	243	—	221	—
Factories and Workshops	224	156	31	—	14	1
Dairies	34	24	—	—	—	—
Clean Air Act (Industrial Premises) ...	36	33	—	1	—	1
Pests (Rats, mice, wasps, pigeons) ...	1,481	273	9	15	4	10
Rag Flock Premises	4	—	—	—	—	—
Schools	46	8	—	—	—	—
Swimming Baths	12	4	—	—	—	—
Hairdressers	18	3	—	—	—	—
Fertilisers and Feeding Stuffs	3	—	—	—	—	—
Pharmacy and Poisons	4	1	—	—	—	—
Animal Boarding Establishments ...	4	2	—	—	—	—
Riding Establishments	2	—	—	—	—	—
Pet Animals Act	22	8	—	—	—	—
Diseases of Animals Act	4	3	—	—	—	—
Atmospheric Pollution Measuring Instruments	47	113	—	—	—	—
Shops Act	623	46	—	—	—	—
Young People's Employment	20	24	—	—	—	—
Highways Act	203	30	—	—	—	—
Public Control — Licensed and Registered Premises	177	57	—	—	—	—
Employment Agencies	2	1	—	—	—	—

APPENDIX 18 (continued)

INSPECTIONS (continued)

	<u>Initial Inspections</u>	<u>Re-Inspections</u>
Farms	5	1
Litter Act	15	2
Tents, Vans and Sheds	11	4
Nursing Homes	3	1
Day Nurseries and Child Minders	6	1
Massage and Special Treatment Establishments ...	9	1
Miscellaneous	963	189

	<u>Visits</u>	<u>Re-Visits</u>
<u>Other Duties</u>		
Food and Drug Sampling	56	19
Bacteriological Sampling	122	28
Lectures to organisations, schools, etc.	41	7

APPENDIX 19

SAMPLES

	<u>Formal</u>	<u>Informal</u>	<u>Unsatisfactory</u>
Food and Drugs for Adulteration or Mis- description	33	260	14
Rag Flock	—	—	—
Fertilisers and Feeding Stuffs	—	18	5
<u>Bacteriological:-</u>			
Ice Cream Grade 1	24		
	2	3	
	3	—	
	4	—	
	<u>27</u>		
	27*	—	—
Milk	9	—	—
Water	20	—	—
Swimming Baths	3	—	—

COMPLAINTS

The Public Health Inspectors dealt with 3,596 complaints received on the following matters:-

Accumulation and deposits of refuse	...	...	...	...	...	...	...		41
Animals improperly kept	...	...	...	...	...	...	...	...	—
Offensive Odours	...	...	...	...	...	...	...	...	32
Dampness of Premises	...	...	...	...	...	...	...	...	60
Defective drains, W.C.'s and fittings	...	...	...	...	...	...	...	...	1,170
Defective roofs, gutters, downpipes, etc.	...	...	...	...	...	...	...	...	100
Defective water fittings	...	...	...	...	...	...	...	...	20
Dirty and verminous houses	...	...	...	...	...	...	...	...	19
Dirty condition of passageway	...	...	...	...	...	...	...	...	19
Flooding of premises	...	...	...	...	...	...	...	...	12
Overcrowding	...	...	...	...	...	...	...	...	21
Smoke Nuisances	...	...	...	...	...	...	...	...	14
Noise Nuisances	...	...	...	...	...	...	...	...	72
Defective or no provision of dustbin	...	...	...	...	...	...	...	...	171
Rats and mice	...	...	...	...	...	...	...	...	1,260
Wasps Nests	...	...	...	...	...	...	...	...	295
Unsound Food	...	...	...	...	...	...	...	...	134
Miscellaneous	...	...	...	...	...	...	...	...	156
									3,596

INDEX

	Page No.
Accidents	27
Air Pollution Control	106-108, 110-111
Animal Boarding Establishments	124
B.C.G. Vaccinations of Schoolchildren	82
Births	9, 14
Cancer	25
Care of Mothers and Young Children	34-38
Caterpillars	13
Cervical Cytology and Cancer Education	48
Child Guidance Clinic	70-71, 87, 93
Child Health Centres and Clinics	50
Child Health Observation Scheme	35-37
Chiropody Service (including School Health)	45-46, 82
Clearance Areas	114
Clinics and Treatment Centres	50, 60, 92
— Child Guidance	70-71, 87, 93
— Dental	65-68
— F.N.T.	63-64
— Enuresis	73-80
— Minor Ailments	88
— Ophthalmic	61
— Orthopaedic	62-63
— Orthoptic	62
— Speech	64-65, 88
Community Nursing Services	39-44
Congenital Abnormalities	51
Dairies, Milk Distributors etc.	123
Day Nurseries	35
Deaf and Partially Hearing Children	81
Deaths and Causes of Deaths	26-27, 82
Death Rates	25-27
Dental Health Education	56-57, 68
Dental Inspection and Treatment (including Schools)	37-38, 52, 65-68, 89-90
Department of Education and Science — Statistical Tables	83-94

[illegible]

Infectious Diseases	21
Inspections, Samples and Complaints	134-136
Land Charges Act	119
Live Births... ..	9
Main Drainage and Sewerage	130
Marie Curie Memorial Foundation	49
Massage and Special Treatment Establishments	29-30, 32, 124
Mass Radiography	23
Maternal Mortality	9
Measles	12, 17
Medical Examination of Staff	32
Medical Inspection and Treatment of Schoolchildren	60, 83-88
Midwifery	40-41
Minor Ailments	88
Moneylenders	125
National Assistance Act, 1948 – Section 47	30
National Health Service Act, 1946... ..	33-53
Neonatal Mortality	9
Night Cafes, etc.	124-125
Noise	104-106
Nurses Agencies	30
Nurse Education	44
Nursing Homes	30
Officers of the Health Department	2-3
Offices, Shops and Factories Inspection	132-135
Ophthalmic Clinics	61
Ornithosis ("Psittacosis")	12
Orthopaedic Clinics	62-63, 87
Orthoptic Clinics	62
Pest Control	120
Pet Animals Act, 1951	124
Pharmacy and Poisons	123
Pollution	56, 104
Population	9
Preface	5-7

Prevention, Care and After Care	45-49
Psychiatric Advisory Service	95
Public Baths	130
Public Control (including Registration and Licensing)	121-125
Public Conveniences	129-130
 Rag, Flock and Other Filling Materials Acts, 1951	123
Rainfall	9, 131
Recuperative Holidays	61
Refuse Collection and Disposal	128-129
Remedial Exercises and Physiotherapy	43, 63
Renal Dialysis	45
Riding Establishments Act, 1964 and 1970	124
 Sanitation	126-131
Sanitary Squad	30
School Health Service (including Staff)	59-94
School Psychological Service	71-73
School Roll... ..	59
Screening Tests of Vision and Hearing	60
Sickroom Equipment	45
Six-day Trading	121-122
Smoking and Health	56
Social Services Liaison	29
Speech Clinics	64-65, 88
Specialist Clinics and Special Schools	60
Staff Medical Services	31
 Terrapins	12
Tuberculosis	11, 22-23
Tuberculosis After Care	46
Typhoid Fever	12
 Vaccination and Immunisation	44-45, 53
Venereal Disease	18, 19, 20, 24, 56
Voluntary Bodies	47-48
 Water Supply	126-128



REFERENCE (OCTOBER, 1973)

		Tel. No.	Map Ref.
HEALTH CENTRES			
Newbury Park, 40, Perryman's Farm Road, Barkingside ...	...	554-6419	H.8
1, Salisbury Road, Seven Kings (exp. opening September 1974) ...	...	...	J.9
1, Tomswood Hill, Barkingside (exp. opening October 1974) ...	...	...	H.5
114, High Road, Woodford (exp. opening December 1974) ...	...	...	B.5
CLINICS			
Heathcote ...	Heathcote Avenue, Clayhall, Ilford ...	550-1781	F.5
Heron Hill ...	118, Heron Hill, South Woodford, E.18 ...	989-8191	C.6
(closes when health centre at Woodford opens)		...	...
Kenwood Gardens ...	Kenwood Gardens, Barkingside, Ilford ...	550-4441	G.7
Madeira Grove ...	Madeira Grove, Woodford Green ...	504-1334	D.3
Manford Way ...	Manford Way, Hainault, Ilford ...	500-4515	J.3
Moyesbrook ...	Goodmayes Lane, Goodmayes, Ilford ...	590-0790	K.10
South Park ...	100, South Park Drive, Ilford ...	590-0942	E.7
Valentines ...	Beehive Lane, Ilford ...	550-4049	C.8
Wanstead Place ...	35, Wanstead Place, Wanstead, E.11 ...	989-0031	G.12
Child Guidance Clinic ...	Loxford Hall, Loxford Lane, Ilford ...	478-7211	...
CHILD HEALTH CENTRES OTHER THAN IN COUNCIL CLINICS			
Aldersbrook Baptist Church Hall ...	Dover Road, Wanstead, E.11 ...	...	D.9
All Saints Church Hall ...	Woodford Wells ...	...	C.3
Ashton Playing Fields ...	Ashton Playing Fields and Youth Centre, Pavilion, Woodford Bridge ...	...	E.4
Chadwell Christian Mission ...	Christian Mission Hall, Essex Road, Chadwell Heath ...	...	L.9
Cranbrook Baptist Church ...	Wellesley Road, Ilford ...	...	G.10
Eastern Avenue Methodist Church ...	The Drive, Ilford ...	...	E.8
Fullwell Cross ...	Fullwell Cross Library, Barkingside ...	...	H.5
(closing October, 1974)		...	...
Marks Gate Clinic ...	Lown Farm Grove, Marks Gate ...	...	M.6
Seven Kings Methodist Church Hall ...	Seven Kings Road, Ilford ...	...	J.9
(closing April, 1974)		...	...
St. Albans Church Hall ...	Albert Road, Ilford ...	...	G.10
St. John's Church Hall ...	Devonshire Road, Seven Kings ...	...	J.8
St. Luke's Church Hall ...	Boxer Road, Ilford ...	...	G.11
St. Mary's Memorial Hall ...	High Road, South Woodford, E.18 ...	...	B.5
(closing December, 1974)		...	...
Woodford Baptist Church ...	George Lane, South Woodford, E.18 ...	...	C.6
DAY NURSERIES			
Goodmayes Lane ...	Goodmayes Lane, Goodmayes ...	590-6353	K.10
Ley Street ...	226/236 Ley Street, Ilford ...	478-2413	G.9
COMMUNITY HOMES			
41, Buckingham Road, South Woodford, E.18 ...	...	504-9231	B.5
800, Cranbrook Road, (Dr. Barnardo's) (temporary) ...	...	550-0306	H.6
(exp. closure July, 1974)		...	...
2-4, Bathurst Road, Ilford ...	...	...	G.9
(exp. opening July, 1974 - replacing 800, Cranbrook Road)		...	...
Peregrines, Granville Road, Ilford ...	...	554-4488	G.9
MENTAL HEALTH HOSTELS AND TRAINING CENTRES			
Abury House Hostel for Mentally Handicapped Adults ...	485, Aldborough Road North, Newbury Park ...	599-7755	J.7
Burnside Adult Training Centre ...	Burnside Road, Dagenham ...	599-0249	L.10
Hostel for Mentally Handicapped Adults ...	"Woodside", 597, High Road, Woodford Green ...	504-7336	C.2
Hostel for Mentally Handicapped Adults ...	Barkingside Redevelopment Area ...	...	H.6
(exp. opening, late 1974)		...	...
OCCUPATIONAL AND REHABILITATION CENTRES			
Occupational Centre ...	Fellowship House, Green Lane, Ilford ...	478-3648	H.10
...	361/363, High Road, Ilford ...	478-0878	H.10
Dokside Rehabilitation Centre ...	Fencepiece Road, Barkingside ...	500-8772	H.5
Woodbine Centre ...	Woodbine Place, Wanstead, E.11 ...	989-5602	C.8
HOUSES FOR THE ELDERLY			
Birchwood ...	406, Clayhall Avenue, Barkingside ...	551-2400	F.6
Cranvale ...	36, Buntingbridge Road, Newbury Park ...	...	H.7
(exp. opening April, 1974)		...	...
Forest Dene ...	48, Heron Hill, Wanstead, E.11 ...	989-2311	C.7
Green Elms ...	Mossford Green, Barkingside ...	551-1944	G.6
Heathcote ...	Chadwell Heath Lane, Chadwell Heath ...	590-8250	L.7
Hyleford ...	1, Boundary Close, Ilford ...	590-5411	H.11
Pegmose House ...	Langhays Avenue, Marks Gate, Romford ...	590-8404	M.7
Pinewood ...	Manford Way, Hainault ...	...	J.3
(under construction)		...	...
Rose Park ...	Heathcote Avenue, Clayhall, Ilford ...	550-7199	F.5
DAY CENTRES FOR THE ELDERLY			
249, Aldborough Road ...	Seven Kings, Ilford ...	590-2109	J.8
Broadmead ...	Community Centre, Novestock Crescent, Woodford Green ...	505-0654	D.4
Broomhill Road ...	St. Andrew's Church Hall, Goodmayes, Ilford ...	590-6706	K.10
Fullers Hall ...	Fullers Road, E.18 ...	505-4183	B.4
Fullwell Cross ...	Barkingside ...	500-3606	H.5
Sydney Road ...	Ilford ...	478-4196	G.10
Sylvan Road ...	19, Sylvan Road, Wanstead, E.11 ...	989-2311	C.7
OTHER PREMISES			
Mortuary ...	Buckingham Road, Ilford ...	553-3629	H.10
Temporary Accommodation ...	28, 34/36 Grosvenor Road, Ilford ...	478-3177	G.10
OFFICES			
Main Department Offices ...	17/23, Clements Road, Ilford ...	478-3020	G.10
Health Visitors' Office ...	Ethel Davis School, Barley Lane, Chadwell Heath ...	599-1779	L.7
Area Social Services Office ...	145, High Street, Wanstead, E.11 ...	530-2111	C.8
PROPOSED PROJECTS			
Health Centre ...	Manford Way, Hainault ...	...	K.3
Community Home ...	Cobbeys Avenue, Ilford ...	...	D.7

